P20 0000 37826

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MAY 1 7 2021

COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPO	RATION: BIG LEAP THER	APY CENTER CORP	
DOCUMENT NUMI	P20000037826		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Karla Medranda		
		Name of Contact Person	1
	Big Leap Therapy Center Co	гр	
		Firm/ Company	
	433 Plaza Real Suite 275		
		Address	
	Boca Raton, FI 33432		
		City/ State and Zip Code	e
	bigleaptherapy@gmail.com		
		sed for future annual report	notification)
	n concerning this matter, pleas		200 6314
Karla Medranda		at (
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43,75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

63.1 -8 pm 5:10

BIG LEAP THERAPY CENTER CORP

(Name of Corporation as currently	y filed with the Florida Dept. of State)
20000037826	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation: N/A	The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A
D. If amending the registered agent and/or registered office add	vacs in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent N/A	
(Florida str	eet address)
New Registered Office Address:	, Florida
	(Cuy) Asp Code)
New Registered Agent's Signature, if changing Registered Agent; I hereby accept the appointment as registered agent.—I am familiar v	
Signature of New R	egistered Agent, if changing
•	•

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607 0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Do	<u>c</u>	
X Remove	\underline{V}	Mike Joi	nes	
X Add	<u>sv</u>	Sally Sn	<u>iith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	VP	_	Marisol Medranda	4181 Pelicano Way
X Add				Deerfield Beach, FL 33064
Remove				
2) Change	TREAS	<u>-</u>	Leyla Martorella	8591 SW 140th Terrace
X Add				Palmetto Bay, FL 33158
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional a (Attach additional sheets, if necessar	y). (Be specific)
	
provisions for implementing the a (if not applicable, indicate N/A)	Achange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:)
HANGE PERCENTAGE TO:	
ARLA MEDRANDA 34%	
MARISOL MEDRANDA 33%	
EYLA MARTORELLA 33%	

The date of each amendment(s) :	adoption;	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	1
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirement bepartment of State's records.	is, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without shareh-	older action and shareholder
■ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the am sufficient for approval.	endment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendmen	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
DatedSignature	3/01/2001 Karla D	
select	director, president or other offices – if directors or officers have ed, by an incorporator – if in the bands of a receiver, trustee, or onted fiduciary by that fiduciary)	
	Karla Medranda	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	