## P20000037826

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: BIG LEAP THERAPY CENTER CORP						
DOCUMENT NUMBER: P20000037826							
	es of Amendment and fee are submitted for filing.						
Please return all cor-	respondence concerning this matter to the following:						
	Karla Medranda						
	Name of Contact Person						
	Big Leap Therapy Center Corp						
	Firm/ Company						
	8350 SW 52nd Terrace Suite 301						
	Address						
	Doal, Ft. 33166						
	City/ State and Zip Code						
	bigleaptherapy@gmail.com						
	E-mail address: (to be used for future annual report notification)						
For further informat Karla Medranda	ion concerning this matter, please call:						
	at ( 3057980214 ) e of Contact Person Area Code & Daytime Telephone Number						
Nam	2 of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check	for the following amount made payable to the Florida Department of State:						
□ \$35 Filing Fee	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee & Certificate of Status (Additional copy is enclosed) ☐\$52.50 Filing Fee & Certified Copy (Additional Copy is enclosed)						

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

BIG LEAP THERAPY CENTER CORP

(Name of Corporation as current	ly filed with the Florida Dep	t. of State)	
P20000037826			
(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation a	dopts the follow	wing amendment(s)
A. If amending name, enter the new name of the corporation:			
			The new
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", -; "chartered," "professional association," or the abbreviation "P.A."	4 professional corporation i	or the abbrevi name musi con	ation "Corp.," itain the word
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )			<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		_	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address  Name of New Registered Agent		me of the	2022 CCT 1
Name of New Registered Agent			
	reet address)		<del></del> : :
			က္ 🚰
New Registered Office Address:	(City)	_, Florida	lip Cδder **
New Registered Agent's Signature, if changing Registered Agent	:		
I hereby accept the appointment as registered agent. I am familiar		is of the positio	n.
Signature of New I	Registered 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> <u>John</u>	<u>ı Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	v Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
i) Change	VP	Marisol Medranda	4181 Pelicano Way
Add			Deerfield Beach, Fl 33064
X Remove			
2) Change	TREAS	Leyla Martorella	8591 SW 140th Terrace
Add			Palmetto Bay, FL 33158
X   Remove   3 )   Change			
Add			
Remove			
4) Change			
Add			
Remove			
3) Change			
Add			
Remove			
6) Change			
Add			<u></u>
Remove			

E. <u>If amending or adding additional Articles, enter change(s) here</u> : (Attach additional sheets, if necessary). (Be specific)
CHANGE OF OWNERSHIP TO KARLA MEDRANDA 100%
<u> </u>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate NA)
· · · · · · · · · · · · · · · · · · ·

. . .

	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file do	lle)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirem partment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
★ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shar	eholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the afficient for approval.	amendment(s)
	proved by the shareholders through voting groups. The followeach voting group entitled to vote separately on the amenda	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<u>,"</u>	
	(voting group)	
D 10/2	14 /2022	
Dated	1/2022 - Lalo D	
Signature	irector, president or other officer - if directors or officers ha	
(Bý a d	irector, president obother officer – if directors or officers ha	ve not been
[selected	d; by an incorporator - if in the hands of a receiver, trustee, of	or other court
appoin	ted fiduciary by that fiduciary)	
	Karla Medranda (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President (Title of person signing)	
	(Title of person signing)	