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1 Jame Chang

APR 1 2 2023 D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Comprehensive Co	ounseling Clinic, Corp		_		
DOCUMENT NUM	D200000022.11			_		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	Yusley Perez					
		Name of Contact Person	n			
		Firm/ Company				
	12600 SW 120 Street, Suite 1	07 A				
		Address				
	Miami, Florida 33186					
		City/ State and Zip Cod	e			
	info@cenwe.com					
	E-mail address: (to be us	sed for future annual report	notification)	-	~1	
For further information	on concerning this matter, plea			- 3 - 3 - 3 - 1	<u>1</u> 023 FEB -6	Ľ
Yusley Perez		at () 877-0806 de & Daytime Telephone Nu artment of State:		9-8	1 477
Name	of Contact Person	Area Co	de & Daytime Telephone Ni	ımber	Ē.	7
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:) A	8: 49	ş
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	in	ά	
Am Div P.C	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 81	10		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Comprehensive Counseling Clinic, Corp

(<u>Name c</u>	of Corporation as currently	filed with the Florida Dept. of State)		
P2000003734	\				
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the 1	ollowing	amend	lment(s) to
A. If amending name, enter the new na	ame of the corporation:				
Comprehensive Clinical Center, Corp			,	The n	1 <i>2</i> 11'
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cochartered," "professional association,"	Corp," "Inc," or "Co". A		breviation	"Corp	2., "
B. Enter new principal office address,	if annlicable:	N/A			
(Principal office address MUST BE A S					_
C. Unter new mailing address if appli	icable:				-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A			_
			<i>'</i>)	202	
			زرت	<u>₩</u>	_ ~~~
		<u></u>		_ 	- races
D. If amending the registered agent ar			- 1	9	inadard }
new registered agent and/or the new	<u>w registered office address:</u> N/A		11.75		; 3 € ;•===
Name of New Registered Agent				ا :3	
			<u> </u>	61	
	(Florida stre	vet address)			
New Registered Office Address:	N/A 	, Florida_	· · · · · · · ·		_
	((Ciņ)	(Zip Co	<i>વર)</i>	
New Registered Agent's Signature, if c I hereby accept the appointment as regist			osition.		
	Signature of New Re	rgistered 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)

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 De	<u>oc</u>	
X Remove	\underline{V}	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	N/A		N/A	N/A
Add				
Remove				
2) Change				
Add				
Remove 3) Change		-		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	ding or adding additional A additional sheets, if necessary). (Be specific)			
					
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lf an an	nendment provides for an ex	change, reclassification	n, or cancellation of	issued shares.	
provis	ions for implementing the ar	nendment if not contai	ned in the amendme	nt itself:	
(if	not applicable, indicate N/A)				
4					
					
					_
			•		

.

The date of each amendment		_, if other than the
date this document was signed Effective date <u>if applicable</u> :	N/A	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder action and	shareholder
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Januar Dated Signature	y 31.2023	
(B	y a director, president or other officer) - if directors or officers have not been lected, by an incorporator - if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	_
	Yusley Prez	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	