Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000159828 3)))



H210001598283ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6380

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	<u> </u>			

COR AMND/RESTATE/CORRECT OR O/D RESIGN VELOZ MENTAL SOLUTIONS, INC

Certificate of Status	0
Certified Copy	0 .
Page Count	02
Estimated Charge	\$35.00

APR 2 3 2021

D D D Monit Filing Menu

Corporate Filing Menu

Help

,5

Articles of Amendment to Articles of Incorporation of

VELOZ MENTAL SOLUTIONS INC		
Florida Document Number: P21000012178		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Cofollowing amendment(s) to its Articles of Incorporation:	orporation ad	opts the
CHANGE ALL ADDRESS		
5911 NW 173 DR SUITE 14 HIALEAH, FL 33015		
	. ~	
	SECRIT	-77
	TAR AHO	
	1 ' 1 '	
		50
	·	· · · · · · · · · · · · · · · · · · ·
These articles of amendment were adopted on		
The corporation has only one group of voting stock. This amendment was approved by the shavetes cast for amendment was sufficient for approval.	reholders and th	e number of
Maria Ml	·	
MARIA E MARICHAL VELOZ (P) Printed Name and Title		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.