## P21000017996

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A. RAMSEY UCT 2 9 2021

	COVER LETTER
TO: Amendment Section  Division of Corporations	
NAME OF CORPORATION: Brain Solutions C	CR Corporation
DOCUMENT NUMBER: P21000017996	
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Cathleen E Lugo	
	Name of Contact Person
Brain Solutions CR Corpor	ation
<del></del>	Firm/ Company
2506 SW 183rd Ave	
	Address
Miramar FL 33029	
	City/ State and Zip Code
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	case call:
Lynn Hernandez	at ( 305 ) 796-2256
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52,50 Filing Fee  Certified Copy (Additional copy is enclosed) □\$62,50 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	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

FILED

	(	of		
			MMINOT IO INIO LA	
( <u>Name</u> (	of Corporation as curren	tly filed with the Fl	orida Bept. of Staffe	
Brain Solutions CR Corporation			SECTIONAL OF STATE	
	(Document Number	of Corporation (if ki	Bown)	
Pursuant to the provisions of section 607, is Articles of Incorporation:	1006. Florida Statutes, thi	s Florida Profit Cor	poration adopts the following amend	iment(s
A. If amending name, enter the new n	ame of the corporation:			
name must be distinguishable and contain "Inc" or Co.," or the designation "Cohartered," "professional association,"  B. Enter new principal office address, (Principal office address MUST BE A S  C. Enter new mailing address, if apple (Mailing address MAY BE A POST)	Corp," "Inc," or "Co". Tor the abbreviation "P.A  if applicable: TREET ADDRESS )	A professional cor		p., "
). If amending the registered agent an new registered agent and/or the new			ter the name of the	
Name of New Registered Agent				
	2506 SW 183rd Avenue			
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	treet address)		
New Registered Office Address:	Miramar		Florida	_
		(City)	(Zip Code)	

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.

Camlew Las Signature of New Registered Agent, if changing 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)

\_\_\_\_ Add

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

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

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.

## Example: X Change <u>1, L</u> John Doe X Remove V Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action Title <u>Address</u> <u>Name</u> (Check One) Andres Pacheco Fonseca 2506 SW 183rd Ave 1) Change Miramar FL 33029 Add \_ Remove Cathleen E Lugo 2506 SW 183rd Ave 2) \_\_\_\_ Change X Add Miramar FL 33029 Remove 3) Change \_\_\_\_ Add \_\_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_Remove *6*) \_\_\_\_\_ Change

Attach <i>additional</i>	dding additional Art sheets, if necessary).				
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f an amendment	t provides for an exc	hange, reclassifica	tion, or cancellat	ion of issued share	3,
provisions for in	nplementing the amo	endment if not cor	itained in the amo	endment itself:	<del></del>
(if not applic	cable, indicate N/A)				
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10/12/2021	
on:	, if other than the
(no more than 90 days after amendment file date)	
does not meet the applicable statutory filing requirements, this duent of State's records.	late will not be listed as the
( <u>CHECK ONE</u> )	
by the incorporators, or board of directors without shareholder act	tion and shareholder
by the shareholders. The number of votes cast for the amendment nt for approval.	1(8)
by the shareholders through voting groups. The following statem voting group entitled to vote separately on the amendment(s):	neni
e amendment(s) was/were sufficient for approval	
(voting group)	
r. president or other officer — If directors or officers have not been	
uciary by that fiduciary)	ut
een E Lugo	
(Typed or printed name of person signing)	
dent	
	(no more than 90 days after amendment file date)  does not meet the applicable statutory filing requirements, this direct of State's records.  (CHECK ONE)  by the incorporators, or board of directors without shareholder act by the shareholders. The number of votes cast for the amendment of approval.  I by the shareholders through voting groups. The following statem voting group entitled to vote separately on the amendment(s):  e amendment(s) was/were sufficient for approval  (voting group)  The following statem voting group are in the amendment of a receiver, trustee, or other continuity by that tiduciary)  een E Lugo  (Typed or printed name of person signing)

(Title of person signing)