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COVER LETTER

TO: Amendment Section Division of Corporations

Mailing Address
Amendment Section

P.O. Box 6327

Division of Corporations

NAME OF CORP	ORATION: Promises Intregativ	re Recovery, inc		
	MBER: P21000064224			
The enclosed Articl	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	tter to the following:		
	Gary Roberts			
		Name of Contact Person	1	
	Firm/ Company			
	1360 S. Ocean Błvd #2804			
	Address			
	Pompano Beach, Fl 33062			
	City/ State and Zip Code			
	gary@promisesintegrativerec	covery.com		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informa	tion concerning this matter, pleas	se call:		
Gary Roberts		at (<u></u>	213-9933	
Nan	ne of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□S43.75 Fifing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	

Street Address Amendment Section

Division of Corporations
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation οť

Promises Integrative Recovery, Inc					
(Name of Corporati	ion as currently	filed with the Florid	a Dept. of Sta	te)	
P21000064224					
(Docum	ment Number of C	Corporation (if knows	1)		
Pursuant to the provisions of section 607,1006, Floridatis Articles of Incorporation:	a Statutes, this <i>Fl</i>	orida Profit Corpora	ation adopts the	e following amendm	ent(s)
A. If amending name, enter the new name of the co	orporation:				
Promises Innovative Recovery, Inc				Thener	
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	" or "Co". A p	mpany," or "incorpo professional corpora	rated" or the a tion name mu	hbreviation "Corn	**
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>	e: DRESS)			2022 J	:
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>)X</u>)			AN -8 AM 10: 15	コーフ
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office addres office address:	s in Florida, enter t	he name of the	<u>e</u>	
Name of New Registered Agent				_	
	(Florida street	address)			
New Registered Office Address:		ity)	Florida	(Zip Code)	
	,	,		(z.qr Coae)	
New Registered Agent's Signature, if changing Reg Thereby accept the appointment as registered agent.	<mark>istered Agent:</mark> I am familiar with	h and accept the obli	gations of the f	oosition.	
Cirmo	atura of Mone Dane	stered Agent, if chan			
Signa	паге ој вусм кеді	sicrea Agent, ij chan	ging		

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

). (Be specific)	
an amendment provides for an ex	(change, reclassification, or cancellation of issued sha <u>res,</u>	
provisions for implementing the an	schange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:	
provisions for implementing the an	mendment if not contained in the amendment itself:	
f an amendment provides for an exprovisions for implementing the an (if not applicable, indicate N/A)	mendment if not contained in the amendment itself:	
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	12/23/2021	St. a a a.
The date of each amendment(s) addate this document was signed.	.ption:	, if other than the
12/23	/2021	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopaction was not required.	sted by the incorporators, or board of directors without shareholder ac	ction and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment ficient for approval.	$\pi(s)$
	oved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selected, appointe	ector president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other cod fiduciary by that fiduciary) Gary Roberts	
_	(Typed or printed name of person signing)	
מ	resident	
') Contactif	

(Title of person signing)