## P22000006133

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Special Instructions to I	Filing Officer:	
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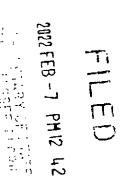
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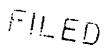
## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON: ON THE COUCL	THERAPY SERVICES,	P.A.
DOCUMENT NUMBER:	P000006133		
The enclosed Articles of Ar	nendment and fee are su	bmitted for filing.	
Please return all correspond	ence concerning this ma	tter to the following:	
STA	CIE PALATIANOS-SIE	FAKIS	
		Name of Contact Persor	1
ON	THE COUCH THERAL		
		Firm/ Company	
1951	NW 17TH AVE		
	•	Address	
MIA	MI FLORIDA 33125	<u>.                                  </u>	
		City/ State and Zip Code	e . <del>∶</del>
Staci	epalatianos@gmail.com E-mail address: (to be us	sed for future annual report	
For further information con-	cerning this matter, pleas	se call:	
STACIE PALATIANOS-S	IFAKIS	at ( <u>305</u>	
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the	ollowing amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee (	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Division e P.O. Box	ent Section of Corporations	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee S. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation



ON THE COUCH THERAPY SERVICES P.A.	2022 FEB - 7 PM 12-11
	as currently filed with the Florida Dept. of State) 42
P000006133	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida States of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
	The new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbrevial	oration," "company," or "incorporated" or the abbreviation "Corp.," r="Co".=A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	·ce ›
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>.33</u> )
	<del></del>
C. Enter new mailing address, if applicable:	÷
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
new registered agent and/or the new registered on	CC address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Non-Besidend America Clause of the action Decision	and America
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	
. , , , , , , , , , , , , , , , , , , ,	

Signature of New Registered Agent, if changing

Check if applicable

 $\square$  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, Example:

X Change	<u>PT</u>	<u>John D</u>	<u>oe</u>		
X Remove	<u>V</u>	Mike Jones			
X Add	<u>SV</u>	Sally Si	<u>mith</u>		
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s	
1) x Change	<u>p</u>		STACIE PALATIANOS-SIFAKIS	1951 NW 17TH AVE	
Add				MIAMI FLORIDA 33125	
Remove					
2) Change		_			
Add					
Remove 3 ) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add			_		
Remove					
Change					
Add		-			
Remove					

If amending or adding additional Ar	ticles, enter chang	e(s) here			
Attach additional sheets, if necessary).	(Be specific)				
		<del></del>			
	-				
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•					
If an amendment provides for an exc	hange, reclassifica	tion, or cancellat	ion of issued sh	ares,	
provisions for implementing the am (if not applicable, indicate N/A)	endment if not cor	<u>itained in the am</u>	endment itself:		
(4)					
					·
<del>-</del> -				-	
	_				
		·			

The date of each amendment(s) ad	lontion: FEBRUARY 3, 2022	, if other than the
date this document was signed.		( ) offer man the
Effective date if applicable: FEB	URARY 3, 2022	
	(no more than 90 days after amendment file	y date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirement of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	pted by the incorporators, or board of directors without s	hareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes east for the ficient for approval.	he amendment(s)
must be separately provided for e	roved by the shareholders through voting groups. The foreach voting group entitled to vote separately on the amer	
"The number of votes cast f	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(wang group)	
Dated 2/3/2022	<del></del>	
Signature	Jumely G. Drove	All. (willportes)
selected.	ector, president or other officer – if directors or officers, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	
<u>i</u>	PAMELA A. LEONE, P.A. (INCORPORATOR)	
	(Typed or printed name of person signing)	
-	(Title of person signing)	