

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet**P2200011281723**

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(((H220001281723)))



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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : KIDJENNA SERVICES INC  
Account Number : I20080000033  
Phone : (305)644-3055  
Fax Number : (305)644-3052

2022 APR -8 AM 8:07

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

Email Address: \_\_\_\_\_

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
NEW WORLD MEDICAL & THERAPY CENTER INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

2022 APR -8 PM 3:21

C. BRUMBLEY  
APR 11 2022



COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: NEW WORLD MEDICAL & THERAPY CENTER INC

DOCUMENT NUMBER: P22000011600

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ENNA DIEPPA

Name of Contact Person

KIJOENNASERVICES INC

Firm/ Company

2141 SW 1 ST STE 110

Address

MIAMI FL 33135

City/ State and Zip Code

KRISJOENNA@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ENNA DIEPPA

Name of Contact Person

at (

7864997132

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

\$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certificate of Status  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certificate of Status  
(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  
of

NEW WORLD MEDICAL & THERAPY CENTEER INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P22000011600

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

(Florida street address)

New Registered Office Address: \_\_\_\_\_, 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.*

\_\_\_\_\_  
Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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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:

☒ Change      PT      John Doe

☐ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>VP</u>	<u>GONZALEZ YARITZZA</u>	<u>6322 NW 201 TER</u>
<input type="checkbox"/> Add			<u>HIALEAH FL 33015</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VP</u>	<u>DOMINGO E ASTACIO</u>	<u>2 BAY CLUB DR 14-0</u>
<input checked="" type="checkbox"/> Add			<u>BAYSIDE NY 11360</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>S</u>	<u>YARITZZA GONZALEZ</u>	<u>6322 NW 201 TER</u>
<input checked="" type="checkbox"/> Add			<u>HIALEAH FL 33015</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:  
(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  
(if not applicable, indicate N/A)

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Apr. 3. 2022 9:19AM

No. 1081 P. 8

04/08/2022

The date of each amendment(s) adoption: \_\_\_\_\_ if other than the date this document was signed.

04/08/2022

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_"  
(voting group)

04/08/2022  
Dated \_\_\_\_\_

Signature Maria Gonzalez  
(By a director, president or other officer -- if directors or officers have not been selected, by an incorporator -- if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MARIA GONZALEZ

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)