P22000060589

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	lective Group healty, corp
DOCUMENT NUMBER: PAA	000040589
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
Nesta	or Alvarez
	Name of Contact Person
<u>Callecti</u>	ve Group Thealty, LOYP
1380	West 11648 Madow Grove Circle
	rau, FL 32834
	City/ State and Zip Code
A.)	
Alvar	rez clubal gmail. com
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	c. please call: (407) $803 - 9952$ at (321) $244 - 3000$
Carlos Diaz	
Name of Contact Person	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 Fe Certificate of Sta	
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
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Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

	Artic	les of Incor	poration			
, l	~	of .			Ž	2022
Collective	Group	Thealt	1.1010		· -	? S
			 	ida Dept. of State)		-1;
P220000	60589			· · · · · · · · · · · · · · · · · · ·	(1) FT,	91
		lumber of C	orporation (if knov	vn)		F
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Stati	utes, this <i>Fla</i>	rida Profit Corpo	ration adopts the fo	ollowing ame	
A. If amending name, enter the new na	me of the corpor	ation:			•	_
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association."	orp," "Inc," or	"Co". A p	rofessional corpo	ration name must	reviation "Co contain the	word
B. Enter new principal office address, in (Principal office address MUST BE A ST		<u>'S</u>)	-1380 Suite	West S	oand L	ake Ind
				do, FL	32814	<u>1</u>
C. Enter new mailing address, if appli- (Mailing address MAY BE A POST C		-	Suit	West S		
			Grla	ndo, FL	<u>- か8</u>	19
D. If amending the registered agent and new registered agent and/or the new	•		s in Florida, enter	the name of the		
Name of New Registered Agent		(lA			
	7381	O M.		d Lake	Rd,	Suite 500
New Registered Office Address:	orla	ndo (c)	ιὸ) 	, Florida	3281 (Zip Code)	9
New Registered Agent's Signature, if cl I hereby accept the appointment as registe			and accept the ol	bligations of the po	sition.	
-	Signature	of New Regi	stered Agent, if ch	anging		
Check if applicable						

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	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sallv</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	WP	Teresa M. Diaz	01/10/38 Cypress Preserve Orlando, FL 32820 Pkmi
Add			orlando, FL 32820
X Remove	00 P	A = -) C	
2) Change	MP	Marlin Canario	orlando, FL 37.836
Add Remove 3) Change		··-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			- · · · · · · · · · · · · · · · · · · ·
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)

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

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		ent(s) adoption:	, if other than th
date this documen	ii was sigr	ed.	
Effective date <u>if</u> :	applicable	:	
		(no more than 90 days after amendment file date)	
		in this block does not meet the applicable statutory filing requirements, this date we not the Department of State's records.	ill not be listed as th
Adoption of Ame	endment(:	s) (<u>CHECK ONE</u>)	
-			- d - d 1 - 1 d
action was not		were adopted by the incorporators, or board of directors without shareholder action ar	id snarenoider
		were adopted by the shareholders. The number of votes cast for the amendment(s) /were sufficient for approval.	
☐ The amendmen	nt(s) was/v	were approved by the shareholders through voting groups. The following statement	to .
		ided for each voting group entitled to vote separately on the amendment(s):)(122)
"The nur	mber of vo	stes cast for the amendment(s) was/were sufficient for approval	2022 SEP
		of the control and	
ьу		(voting group)	
		9/15/2022	16 M 9: 58
	Dated	9(1)(00-	28 28
		\mathcal{J}'	
	Signature		
		(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)	
		Nester Alvarez	
		(Typed or printed name of person signing)	
		Manasing Partner	
		(Title of person signing)	