P22000060874

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ASA winity Therapy COIP		
DOCUMENT NUMBER: \$2200066874		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Rightiane Manard		
Name of Contact Person	_	
Firm/ Company	_	
970 SW 81st Terrace	_	
Address		
City/ State and Zip Code	_	
rick sign a R and I waith Theraph (C)		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:	202	,
	2022 SEP)
Name of Contact Person at (054) 892 3079 Area Code & Daytime Telephone Numb		
Enclosed is a check for the following amount made payable to the Florida Department of State:		<u>;</u>
\$35 Filing Fee Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)	<u>က</u> က	>
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 323 14 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

AWA UV	ing Therapy Cory		
(Name	f Corporation as currently filed with the Florida Dept. of State)		
	822000060 874		
	(Document Number of Corporation (if known)		
rsuant to the provisions of section 607. Articles of Incorporation:	1006, Florida Statutes, this Florida Profit Corporation adopts the fo	llowing amen	dment(
If amending name, enter the new n	ame of the corporation:		
		The	
me must be distinguishable and contain nc.," or Co.," or the designation "C hartered," "professional association,"	the word "corporation," "company," or "incorporated" or the abbr lorp," "Inc," or "Co". A professional corporation name must or the abbreviation "P.A."	eviation "Coi contain the v	rp" word
Enter new principal office address,	if applicable:		
rincipal office address MUST BE A S	TREET ADDRESS)		

Enter new mailing address, if appl	icable:		
(Mailing address MAY BE A POST	OFFICE BOX)		
If amending the registered agent a	ad/or registered office address in Florida, enter the name of the	202	
new registered agent and/or the ne	w registered office address:	· 22.8	. ,
Name of New Registered Agent			:
Mane of the Royales of the		် မ	;
	(Florida street address)		
	(Fromule street (Maress)		• •
New Registered Office Address:	, Florida	<u> </u>	
	(City)	(Zip & o de)	
ew Registered Agent's Signature, if	changing Registered Agent:		
hereby accept the appointment as regis	tered agent. I am familiar with and accept the obligations of the po	sition.	
o construction of the cons			
	Signature of New Registered Agent, if changing		
heck if applicable	400 0100 (1) () D 2		
The amendment(s) is/are being filed	bursuant to s. 607.0120 (11) (e), F.S.		

P = President; V = Vice Executive Officer; CFO = President, Treasurer, Dir Changes should be noted a change, Mike Jones lea	Presiden - Chief F rector wo l in the fo wes the c	t; T= T inancia uld be illowing corpora	l Officer. If an officer/director holds more than PTD. manner. Currently John Doe is listed as the l tion, Sally Smith is named the V and S. These s	PST and Mike Jones is listed as the V. There is
Mike Jones, V as Remove	e, and Sai	lly Smit	h, SV as an Aaa. 	
Example: X Change	<u>PT</u>	<u>John</u>	<u>Doe</u>	
X Remove	<u>v</u>	Mike	<u>Jones</u>	
_X Add	<u>sv</u>	Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	17		Ricksiane Mayord	Suite 275 Boca Rator, f
X Add				Suite 275 Boca Rator, t
Remove				33432
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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:

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

(Attach additional sheets, if necessary)

amending or adding additional A ttach additional sheets, if necessary,	. (Be specific)
<u> </u>	
•	
f an amandment provides for an ex	change, reclassification, or cancellation of issued shares,
provisions for implementing the at	nendment if not contained in the amendment itself:
(if not applicable indicate N/A)	nendment if not contained in the amendment itself:
(ij noi applicable, marcare 1971)	

The date of each amendment(s) adoption	on:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file de	
	(no more than 90 days after amendment file de	ate)
Note: If the date inserted in this block of document's effective date on the Departm	loes not meet the applicable statutory filing requirement of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without share	reholder action and shareholder
☐ The amendment(s) was/were adopted to by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the nt for approval.	amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each	by the shareholders through voting groups. The followoting group entitled to vote separately on the amenda	wing statement ment(s):
"The number of votes cast for th	e amendment(s) was/were sufficient for approval	
by	(voting group)	
Dated 0 0 / 2 6	anyout	
Signature M	Caryoul	
(By a director	, president or other officer – if directors or officers ha	
	in incorporator – if in the hands of a receiver, trustee, fuciary by that fiduciary)	or other court
appointed no	liciary by that riducially)	
R	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	
	I .	