## P22000065148

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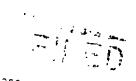
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: BLUE SKY THER	RAPY CENTER I, INC				
	UMBER: P22000065148		,			
	cles of Amendment and fee are su	bmitted for filing.				
Please return all c	orrespondence concerning this ma	tter to the following:				
	ALICIA PEREZ ABREU					
	-	Name of Contact Person	n			
	BLUE SKY THERAPY CENTER I, INC					
	Firm/ Company					
	22731 SW 88 PL UNIT 203					
		Address				
	CUTLER BAY, FLORIDA 3	33190				
	<del></del>	City/ State and Zip Cod	e e			
	bluesky@administrationbst.c	om				
	E-mail address: (to be us	sed for future annual report	notification)			
	nation concerning this matter, pleas					
ALICIA PEREZ		at (				
Na	ime of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a chec	k for the following amount made	payable to the Florida Dep.	artment of State:			
S35 Filing Fe	e S43.75 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)			
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division The C 2415 1	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303			

## Articles of Amendment to Articles of Incorporation of



BLUE SKY THERAPY CENTER I, INC		ZUZJ KUS T	7 Pilio =
(Name of Corporation	on as currently filed with the Florida	Dept. of State)	115.21
222000065148			PSTATE
(Docum	nent Number of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·	IF. FL
ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	Statutes, this <i>Florida Profit Corporati</i>	on adopts the following	ng amendment(s
. If amending name, enter the new name of the co	orporation:		
LUE SKY PROFESSIONAL SERVICES, INC.			The new
ame 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 professional corporati	ited" or the abbreviati on name must conta	on "Corp.,"
. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>		
. If amending the registered agent and/or register new registered agent and/or the new registered of		e name of the	
Name of New Registered Agent			-
	(Florida street address)		_
		*** * 1	
New Registered Office Address;		, Florida	

Signature of New Registered Agent, if changing

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)

Example:

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	<u>PT</u>	John Do	<u>c</u>	
X Remove	<u>V</u>	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				·
Remove				
2) Change		_		
Add				
Remove 3 ) Change		- <b>-</b>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		=		
Remove				

	onal sheets, if necessary).	(Be specific)			
y and all lav	ful business"				
	188 brown				
				· · · · · · · · · · · · · · · · · · ·	
					<u> </u>
an amend	nent provides for an excl	hange, reclassificati	on, or cancellation	of issued shares,	
provisions f	or implementing the ame oplicable, indicate N/A)	endment if not cont	ained in the amen	<u>dment itself:</u>	
(if not a	plicable, indicate N/A)				
<del></del>				<del></del>	
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		<del></del>			
		<del>_</del>			

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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	ent(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes ea	ast for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
08/10/20	23	
Dated		
Signature		
selec	director, president or other officer – if directors or officers have not be eted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	ALICIA PEREZ ABREU	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	