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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: <u>CAPOTE'S TH</u>	ERAPY CORP	***************************************		
DOCUMENT NUMB	ER: <u>P24000021007</u>				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
	۸۸	MANDA PERIANA (`ADOTE		
-	AMANDA PERIANA CAPOTE Name of Contact Person				
	CAPOTE'S THERAPY CORP				
-	Firm/ Company				
2514 W CREST AVE TAMPA, FL 33614					
	Address				
<u>-</u>	2514 W CREST AVE TAMPA, FL 33614				
	City/ State and Zip Code				
	7	TOATALL C@GMAII	COM		
_	E-mail address: (to be us	sed for future annual rep	ort notification)		
For further information	concerning this matter, pleas	se call:			
AMANI	DA PERIANA CAPOTE	et (813	3) 652 - 1802		
	f Contact Person		Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida D	epartment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Ame Divi The	et Address endment Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

of

ed with the Florida Dept. of State) 2 2 007 poration (if known)
007
rporation (if known)
rida Profit Corporation adopts the following amendment(s)
tion. The new
pany," or "incorporated" or the abbreviation "Corp.," ofessional corporation name must contain the word
VA - I do not need to change the principal office address
VA - I do not need to change the mailing address
in Florida, enter the name of the
POTE
ddress)
IPA . Florida 33614
(Zip Code)

☐ 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	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	PT	AMANDA PERIANA CAPOTE	2514 W CREST AVE TAMPA, FL 33614
_ X Add			
Remove	•		
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if no	ecessary). (Be specific)			
Good morning, Sunbiz To	eam: Through this FOR	M cr2e011 I need to r	emove/delete the actua	<u>l reg</u> istered
agent name & address th	nat is: CONCEPCION, Y/	NELKIS, AGENT 790	9 NORTH FEMONT AV	E
TAMPA, FL 33604 and I n	eed to ADD: AMANDA F	PERIANA CAPOTE, W	rith adrress 2514 W CRI	EST
AVE TAMPA, FL 33614.				
Thank you very much; if	you need anything, just	feel free to contact	me at email: TDATALLC	@GMAIL.CO
	··· -			
	.			
			_	
			-	
F. If an amendment provides f provisions for implementin (if not applicable, indice	ng the amendment if not conta			
N/A				
				

E. If amending or adding additional Articles, enter change(s) here:

The date of each amendment(s) a	doption: <u>05/16/2024</u>	, if other than the
date this document was signed.		
Effective date if applicable: 03/	18/2024	
	(no more than 90 days after amendm	ent file date)
Note: If the date inserted in this l document's effective date on the D	plock does not meet the applicable statutory filing epartment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors wi	thout shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes car officient for approval.	st for the amendment(s)
	proved by the shareholders through voting groups. each voting group entitled to vote separately on the	
"The number of votes cast	for the amendment(s) was/were sufficient for appro	lavo
by		."
	(voting group)	
Dated 05/16/2	<u></u>	
Signature	Some	
(By a d	rector, president or other officer – if directors or of	ficers have not been
selecte	d, by an incorporator - if in the hands of a receiver,	trustee, or other court
appoin	ed fiduciary by that fiduciary)	·
	AMANDA PERIANA CAPOTE	
	(Typed or printed name of person signing	ng)
	PRESIDENT	
	(Title of person signing)	