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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORA	THERAPY BY GE	EZZY CORP	
		R: <u>P24000026093</u>		
The enclosed Ar	ticles of	'Amendment and fee are su	bmitted for filing.	
Please return all	curresp	ondence concerning this ma	tter to the following:	
	Ç	EZZELIN CAMPBER CAI	BREKA	
	T	HERAPY BY GEZZY COF	Name of Contact Perso	n
	_	1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 	Firm/ Company	
	5	724 SW 20 ST		
	7	IIAMI, FL 33155	Address	
	_		City/ State and Zip Cod	e
	G	CAMPBER@GMAIL.COM	4	
	***	E-mail address: (to be us	sed for future annual report	notification)
For further infor	mation (concerning this matter, pleas	se call:	
GEZZELIN CA	МРВЕК	CABRERA	21 (<u>786</u>	296-2539
Name of Contact Person			Area Co	de & Daytime Telephone Number
Enclosed is a che	eck for t	he following amount made	payable to the Florida Dep	artment of State:
S35 Filing F	Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 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		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

to

THERAPY BY GEZZY CORP

(Name of Corporation	n as currently filed with the	: Florida Dept. of State)	
P24000026093			
(Docume	ent Number of Corporation (i	f known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit	Corporation adopts the follow	ing amendment(s
A. If amending name, enter the new name of the cor	rporation:		
N/A			The new
name must be distinguishable and contain the word "con"Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A professional	incorporated" or the abbrevia corporation name must cont	tion "Corp.," ain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)			
			D
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON	()		<u>.</u>
			
	-		بنی ن
D. If amending the registered agent and/or registered		enter the name of the	
new registered agent and/or the new registered o	ffice address:		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	(C)	, Florida	o Code)
	(City)	(2.1)	o Coae)
New Registered Agent's Signature, if changing Registered agent. I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept	the obligations of the position	
Sivnat	ture of New Registered Agem	if changing	
	ane of the regimered rigen	· B · combine	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 66	07.0120 (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.

<u>PT</u>	John Doe	
<u>V</u>	Mike Jones	
<u>sv</u>	Sally Smith	
<u>Title</u>	<u>Name</u>	<u>Addres</u> s
D	GEZZELIN CAMPBER CABRERA	5724 SW 20 ST
		MIAMI, FL 33155
9	GEZZELIN CAMPBEL CABRI	5724 su 20st
		MIAMI, FL 33155
	<u>V</u> <u>SV</u> <u>Title</u> D	V Mike Jones SV Sally Smith Title Name D GEZZELIN CAMPBER CABRERA

ttach <i>additional s</i>	ding additional Ar heets, if necessary).	(Be specific)	<u> </u>			
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an amendment	provides for an ex	change, reclassi	fication, or can	cellation of i	ssued shares,	
provisions for im	plementing the an able, indicate N/A)	<u>jenament 11 not</u>	contained in ti	ie amenungei	it itsen.	
(д кол аррисс	inte, maicaic mai)					
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					-	

The date of each amendment	(s) adoption:	, if other than the
date this document was signed Effective date if applicable:	04/17/2024	
in appreciate.	(no more than 90 days after amendment f.	ile date)
Note: If the date inserted in t document's effective date on the	his block does not meet the applicable statutory filing require Department of State's records.	pirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors withou	t shareholder action and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for sufficient for approval.	r the amendment(s)
☐ The amendment(s) was/wei must be separately provide	e approved by the shareholders through voting groups. The d for each voting group entitled to vote separately on the an	following statement nendment(s):
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by		•
	(voting group)	
04/17/	2024	
Dated		
Signature		
JB	y addrector, president or other officer - if directors or office	rs have not been
	lected, by an incorporator - if in the hands of a receiver, trus	stee, or other court
aj	pointed fiduciary by that fiduciary)	
	Gezzelin Campber Cabrera	
	(Typed or printed name of person signing)	
	Registered Agent/Director	
	(Title of person signing)	