## P91000049654

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: MODERN THERA	PY WORKS INC	
DOCUMENT NUM	P97000049634		
The enclosed Articles	s of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
	PREM JAYANANTHEM, KI	UMAR	_
		Name of Contact Person	
		Firm/ Company	_
	7036 MARINER BLVD		
	<del></del>	Address	<del>-</del>
	SPRING HILL, FL 34609		<del>_</del>
		City/ State and Zip Code	
	jayapkuma@gmail.com		S 28
	E-mail address: (to be us	sed for future annual report notification)	30 M
For further informati	on concerning this matter, pleas	se call:	2029 HAY 16 PH 5: 07 SECRETAIN OF STATE TALLAHASSEE, FL
PREM JAYANANT	HEM, KUMAR	ai (352) 460 379	11 SER 3
Name	e of Contact Person	Area Code & Daytime Telephone Numb	per in a
Enclosed is a check	for the following amount made	payable to the Florida Department of State:	OT ATE
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ailing Address mendment Section	Street Address Amendment Section	

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

	as currently filed with the Florida Dept. of State)		
97000049634			
(Documer	nt Number of Corporation (if known)		
tursuant to the provisions of section 607.1006, Florida S articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following	ing amen	dment(s)
A. If amending name, enter the new name of the corp	poration:	The	
name must be distinguishable and contain the word "corp" Inc.," or Co.," or the designation "Corp," "Inc," of "chartered," "professional association," or the abbrevio	poration," "company," or "incorporated" or the abbrevial or "Co". A professional corporation name must contain the contraction "P.A."	tion "Cor	p., ''
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	<u></u>		<del>_</del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	)		<u> </u>
D. If amending the registered agent and/or registere new registered agent and/or the new registered of	ed office address in Florida, enter the name of the ffice address:	SECRETAN	20p3 HAY 16
Name of New Registered Agent		# <u>7</u> 188	
		(T)	
New Registered Office Address:	(Florida street address) , Florida	STATE FL	PM 5: 07
New Registered Office Address.	(City) (Zi	ip Code)	

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>	Name	<u>Addres</u> s
1) Change	PSTD	PREMKUMAR JAYANANTHEM	
Add Remove  2) Change X Add	PSTD	PREM JAYANANTHEM KUMAR	
Remove 3 )			
Remove 4) Change Add	<u></u>		SECRETARY OF TALLAHASSE
Remove 5) Change Add			OF STATE
Remove 6) Change Add Remove			

TIT

The date of each amendmedate this document was sign	ent(s) adoption:, if other than the ed.
Effective date if applicable	
	(no more than 90 days after amenament file date)
	n this block does not meet the applicable statutory filing requirements, this date will not be listed as the n the Department of State's records.
Adoption of Amendment(s	(CHECK ONE)
The amendment(s) was/v action was not required.	vere adopted by the incorporators, or board of directors without shareholder action and shareholder
	were adopted by the shareholders. The number of votes cast for the amendment(s) /were sufficient for approval.
	were approved by the shareholders through voting groups. The following statement ided for each voting group entitled to vote separately on the amendment(s):
"The number of vo	tes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
Dated	05-10-2023_
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)  PREM JAYANANTHEM KUMAR  (Typed or printed name of person signing)  PSTD  RESIDEN  (Title of person signing)  TATE  TATE  OTHER