## P25000006472

(Requestor's Name)
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(Business Entity Name)
(Document Number)
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TALLAHASSEE, FL. 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account | 120210000160: \$35.00 Jan Full Authorization Signature Sweet Pathway Therapy Inc P25000006472 Business #Document Walk in Will wait Certified Copies of Articles of Incorporation Certificate of Status <u>NEW FILINGS</u> <u>AMENDMENTS</u> Profit \_X\_ Amendment \_\_\_\_Resignation of R.A. \_\_\_\_ Not for Profit <u>III.C</u> \_\_\_\_ Change of Registered Agent \_ Domestication Revocation of Dissolution \_\_\_\_ Conversion INC \_\_\_Statement of Authority CORP OTHER Merger REVOCATION OF DISSOLUTION OTHER FILINGS REGISTRATION/QUALIFICATIONS - TRANSMITTAL LETTER \_\_ Foreign Filing \_ Partnership Fictitious Name Reinstatement Statement of CORRECTION Statement of Authority \_\_\_\_Domestication of a Foreign Corp. APOSTIL -COUNTRY Other

FLORIDA CAPITAL COURIER SERVICES, INC

EXAMINER'S INITIALS:\_\_\_\_\_

2330 CLARE DRIVE



February 10, 2025

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: SWEET PATHWAY THERAPY INC.

Ref. Number: P25000006472

We have received your document for SWEET PATHWAY THERAPY INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing the last page of the Articles of Amendment.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

RECEIV.
2025 FEB 11 PM.
SECORDARY OF ST.
FALL ARMS SEEL TION

Letter Number: 525A00002754

## COVER LETTER

**TO**: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Sweet Pathway Th	erapy INC.	
DOCUMENT NUM	P25000006472		· · · · · · · · · · · · · · · · · · ·
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Shakira Gonzalez		
		Name of Contact Persor	l
	Sweet Pathway Therapy inc.		
		Firm/ Company	-
	1218 SW 69th AVE	22p	
		Address	
	Miami FL 33144		
		City/ State and Zip Code	
	Shakiragonzalezarias31@gm	ail.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Shakira Gonzalez		at (	712-8690
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 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		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

Sweet Pathway Therapy inc.			
(Name o	of Corporation as curre	ntly filed with the Flor	da Dept. of State)
P25000006472			
	(Document Number	r of Corporation (if know	vn)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is <i>Florida Profit Corpo</i>	ration adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corpo	orated" or the abbreviation "Corp.," ration name must contain the word
R Enter new principal office address	if annlicable:	N/A	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A	2025
		N/A	AHA AHA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	SSEE
		N/A	<u>8</u>
		N/A	DA
D. If amending the registered agent ar new registered agent and/or the new			the name of the
Name of New Registered Agent	N/A		
Name of the registered rights	N/A		
	(Florida	street address)	
New Registered Office Address:	N/A		. Florida
		(City)	(Lip Code)
New Registered Office Address:  New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Age	ent:	, Florida (Zip Code)
	Signature of New	Registered Agent, if ch	anging

Check if applicable

<sup>☐</sup> 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.

Example: X_Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	CEO	Shakira Gonzalez	1218 SW 69th AVE
X Add			Miami FL 33144
Remove			
2) Change			
Add			
Remove 3) Change			
Add			<u> </u>
Remove			
4) Change	<u></u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
'A	
<u> </u>	
If an amendment provides for an evel	hange, reclassification, or cancellation of issued shares,
ti ali alifettutiletti provides ioi ali exci	endment if not contained in the amendment itself:
provisions for implementing the ame	
provisions for implementing the ame (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
provisions for implementing the ame	
(if not applicable, indicate N/A)	

•

	N/A	
The date of each amendment(s) ad	option:	, if other than the
fate this document was signed.		
N/A		
Effective date <u>if applicable</u> :	(no more than 90 days after amendm	nent file date)
Note: If the date inserted in this blocument's effective date on the Dep		requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors wi	ithout shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes ca	ist for the amendment(s)
must be separately provided for e	oved by the shareholders through voting groups, each voting group entitled to vote separately on the or the amendment(s) was/were sufficient for applications.	he amendment(s): PL 25
bv		i SSS
N/A Dated Signature	(voting group)	AH 8: 16 EE, FLORIDA
selected	rector, president or other officer — fair ectors or one of the factors of a receiver of fiduciary by that fiduciary)	
	SHAKIRA GONZALEZ	
-	(Typed or printed name of person sign	ing)
	CEO	

(Title of person signing)