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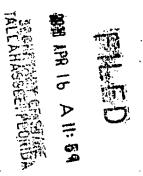
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Eleanor Winn, PA			
DOCUMENT NUMBER: <u>PO100057848</u>			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Jaclyn A. Behar Name of Contact Person			
Behar Behar			
490 Sawgrass Corp. PKWY, Suite 300 Address			
Sunrise, FL, 33908 33325 City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Jaclyn Behar at (954) 688-7642 Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)			
Matter Address			

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Eleanor Winn. PA	
(Name of Corporation as current	tly filed with the Florida Dept. of State)
P01000057848	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: Ninh Hearing Healthear name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	16120 San Carlos Blvd Ste.101 Fort Myers, Fl. 33908
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	16120 San Carlos Blvd. Ste. 10A Fort Myers, Fl. 33908
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent Behar Be	ehar
490 Sawgr	rass Corporate PKWY # 300
New Registered Office Address: SUN Y I'S	(City), Florida 33325 (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the post in.
Signature of New	Registered Agent, if changing

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: XChange	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	_Title Name	<u>Addres</u> s
1) Change	PTD Eleanor Rita Win	n 16120 San Carles Blud
Add		SuitelOA
Remove		Fort Myers, Fl. 33908
2) Change		
Add		
Remove		
3) Change		- www
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

E. If amending or adding additional (Attach additional sheets, if necess	Articles, enter change	e(s) here:		
(Attach additional sheets, if necess	ary). (Be specific)			
NA				
				
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 If an amendment provides for an provisions for implementing the 	<u>i exchange, reclassificat</u> e amendment if not con	tained in the amend	or issued shares,	
(if not applicable, indicate N	/A)		HOHE HESSELL	
AT /A	·			
N/-FT				
				

The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable: $04/10/20/8$	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 04/10/2018	
Signature Classar // inn	
(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)	
Eleanor Kita Winn	
(Typed or printed name of person signing)	
President	
(Title of person signing)	