P04000026089

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

C. Coulliette JUN 0 6 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BETTER LIFE MEDICAL ASSISTANCE INC

DOCUMENT NUMBER: P04000026089

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

YELINA M ALVAREZ
(Name of Contact Person)

BETTER LIFE MEDICAL ASSISTANCE INC
(Firm/ Company)

1016 SW 1st STREET
(Address)

MIAMI FL 33130
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

YELINA M ALVAREZ at (305) 970-3089
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☑ $35 Filing Fee

☐ $43.75 Filing Fee & Certificate of Status

☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

☐ $52.50 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
409 E. Gaines Street
Tallahassee, FL 32399

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 20, 2005

BETTER LIFE MEDICAL ASSISTANCE INC.
YELINA ALVAREZ
1016 SW 1ST ST.
MIAMI, FL 33130

SUBJECT: BETTER LIFE MEDICAL ASSISTANCE INC.
Ref. Number: P04000026089

We have received your document for BETTER LIFE MEDICAL ASSISTANCE INC. and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 105A00036387

RECEIVED
05 JUN -3 AM 8:00
DIVISION OF CORPORATIONS

FILED
2005 JUN -3 PM 5:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

BETTER LIFE MEDICAL ASSISTANCE INC

(Name of corporation as currently filed with the Florida Dept. of State)

P04000026089

(Document number of corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

ARTICLE V: Delete YELINA M ALVAREZ, Add: RAFAEL GONZALEZ CUELLAR Address : 3355 West 68 ST. Unit-162, Hialeah, Fl 33018

ARTICLE VII: Delete YELINA M ALVAREZ, Add : RAFAEL GONZALEZ CUELLAR, Title : President and

Address : 3355 West 68th Street Unit-162, Hialeah Fl 33018.

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

N/A

(continued)

The date of each amendment(s) adoption: MAY 6th, 2005

Effective date if applicable: MAY 6th, 2205
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☑ The amendment(s) was/were approved 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.

Signed this SIX day of MAY, 2005.

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)

YELINA M ALVAREZ
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE: $35

May 31, 2005

TO WHOM IT MAY CONCERN:

I **RAFAEL GONZALEZ CUELLAR** HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSABILITIES AS REGISTERED AGENT FOR SAID CORPORATION*

***BETTER LIFE MEDICAL ASSISTANCE, INC.**

RAFAEL GONZALEZ CUELLAR