P06000004856

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: D & O NUR	SING SERVICES, CORP		
DOCUMENT NUM	1BER: <u>P06000004856</u>		·	
The enclosed Article	es of Amendment and fee a	are submitted for filing.		
Please return all corr	respondence concerning th	is matter to the following:		
OSMA	ANI RAMIREZ			
	(Name	of Contact Person)		
D & 0	NURSING SERVICES	s, CORP		
	(Fi	rm/ Company)		
445 E	47 ST			
		(Address)		
HIALE	EAH FL 33013			
	(City/ S	state and Zip Code)		
For further informati	on concerning this matter,	please call:		
OSMANI RAMIREZ		at (305) 953-9342	2	
(Name of Contact Person)		(Area Code & Daytime 7	(Area Code & Daytime Telephone Number)	
Enclosed is a check f	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 Add Amendment S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	cle	

Articles of Amendment to Articles of Incorporation of

D & O NURSING SERVICES, CORP

P06000004856

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

(continued)

The date of each amendment(s) adoption: 03/29/2011				
Effective date if applicable:				
	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
	was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.			
	was/were approved by the shareholders through voting groups. The it must be separately provided for each voting group entitled to vote imendment(s):			
"The number o	f votes cast for the amendment(s) was/were sufficient for approval by			
	(voting group)			
	was/were adopted by the board of directors without shareholder action tion was not required.			
The amendment(s) shareholder action	was/were adopted by the incorporators without shareholder action and was not required.			
Signature	Mous			
selec	director, president or other officer - if directors or officers have not been too by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)			
OSI	MANI RAMIREZ			
	(Typed or printed name of person signing)			
PRI	ESIDENT			
	(Title of person signing)			

FILING FEE: \$35