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(((H060001665173)))

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : AYAN ENTERPRISES, INC. DBA THE INNER CIRCLE

Account Number : 120010000223

: (305)262-1126 : (305)262-6935

Fax Number

COR AMND/RESTATE/CORRECT OR O/D RE

ROJAS HEALTH CENTER, INC.

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF C	ORPORATION: ROJAS HEALTH	CENTER, INC.		
DOCUMEN	F NUMBER: P06000081576			
The enclosed	Articles of Amendment and fee are	submitted for filing.		
Please return	all correspondence concerning this	matter to the following:		
	NELSON ROJAS			
(Name of Contact Person)				
• •	ROJAS HEATH CENTER, INC.			
(Final Company)				
4837 E 10 LANE.			<u> </u>	
	(A	(ddress)		
	HIALEAH, FL 33013			
	(City/ State	el and Zip Code)		
For further in	formation concerning this matter, pl	ease call:		
NELSON ROJ	AS .	at (305) 761-0079		
	(Name of Contact Person)	(Area Code & Daytime Te	elephone Number)	
Enclosed is a	check for the following amount:			
☑ \$35 Filing Fe	e S43.75 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 Taliahassee, FL 32314	Street Address Amendment Section Division of Corporat 409 E. Gaines Street Tallahassee, FL 3239	ions	

Articles of Amendment to Articles of Incorporation of FILED

06 JUN 26 AM 9: 54

SECRETARY OF STATE
FALLAHASSEE, FLORIO

ROJAS HEALTH CENTER, INC.

P06000081576

adopts the following amendment(s) to its Articles of Incorporation:

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

(Document number of corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation

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 "characted", "professional association," or the abbreviation "P.A.")		
(A processional conference most contain the word districted), indicessional association, of the applied selection (F.A.")		
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s)		
and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)		
CHANGE NAME AND ADDRESS OF REGISTERED AGENT TO:		
NELSON ROJAS. 4837 E 10 LANE. HIALFAH, FI 33013		
CHANGE NAME AND ADDRESS OF OFFICER TO:		
NELSON ROJAS, 4837 E 10 LANE. HIALEAH, FI 33013		
(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)		
(confinued)		

The date of each amendmen	rt(s) adoption: JUNE 14, 2008		
Effective date if applicable:			
	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) the amendment(s)) was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.		
following stateme	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)		
) was/were adopted by the board of directors without shareholder action was not required.		
	 was/were adopted by the incorporators without shareholder action and was not required. 		
Signed this 20 day of	JUNE 2005		
Signature	Newskyn		
(By sed	a director, president or other officer - if directors or officers have not been octed, by an incorporator - if in the hands of a receiver, trustee, or other court column fiduciary by that fiduciary)		
. NE	ELSON ROJAS		
(Typed or printed name of person signing)			
PR	ESIDENT		
(Title of person signing)			

FILING FEE: \$35