P06000081576

Florida Department of State
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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 : I20010000223
Phone : (305)262-1120
Fax Number : (305)262-6935

FILED
06 JUL -3 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN

RECEIVED
06 JUL -3 AM 8:00
DIVISION OF CORPORATIONS

ROJAS HEALTH CENTER, INC.

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ROJAS HEALTH CENTER, INC.

DOCUMENT 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.
(Firm/ Company)

4837 E 10 LANE.
(Address)

HIALEAH, FL 33013
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

NELSON ROJAS at (305) 761-0079
(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

Articles of Amendment
to
Articles of Incorporation
of

FILED
06 JUL -3 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ROJAS HEALTH CENTER, INC.

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

P06000081576

(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)

CHANGE NAME AND ADDRESS OF REGISTERED AGENT TO.

NELSON ROJAS. 4837 E 10 LANE. HIALEAH, FL 33013

CHANGE NAME AND ADDRESS OF OFFICER TO:

NELSON ROJAS. 4837 E 10 LANE. HIALEAH, FL 33013

CHANGE COMPANY PRINCIPAL ADDRESS TO:

4837 E 10 LANE. HIALEAH, FL 33013

CHANGE COMPANY MAILING ADDRESS TO:

4837 E 10 LANE. HIALEAH, FL 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)

(continued)

The date of each amendment(s) adoption: JUNE 14, 2006

Effective date if applicable: JUNE 14, 2006
(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 20 day of JUNE 2006.

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)

NELSON ROJAS
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE: $35