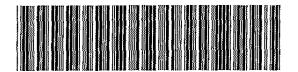
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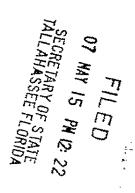
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: Florida 1	tealth Cure System	S. Inc. OF Miani
DOCUMENT N	JMBER: <u>P070000</u>	39633	
The enclosed Arti	cles of Amendment and fee a	re submitted for filing.	
Please return all c	orrespondence concerning thi	is matter to the following:	
	Karen (Name)	Eutsey of Contact Person)	
El	orida Health Care	e Systems Inc. OF m/Company)	Miani
	27104	South Dixi Hw (Address)	4
v	Miami (City/s	Florid + 3303c	2
For further inform	ation concerning this matter,	please call:	
Karen Eutsey (Name of Contact Person)		at (305) 242-5600 (Area Code & Daytime Telephone Number)	
Enclosed is a chec	k for the following amount:		
SS\$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 Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

Florida Health Care Systems Inc. OF MIAMI TO
(Name of corporation as currently filed with the Florida Dept. of State)
美元 50 00
P07000039633
Pursuant to the provisions of section 607 1006 Florida Statutes, this Florida Profit Corporation
(Document number of corporation (it 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)
1) Amend to change principle Address and
mailing address to be 9299 Coral Reef Drive
Suite 104 Miani, Florida 33157
@ Amend To Add Vice Presendent - Medical Director
Dr Carey Green, Home Address 13856 S.W. 67th
·
Place Palmetto Bay, Florida 33158
(Attach additional pages if necessary) Soo Dr. Carey Green
(Attach additional pages if necessary) 500
If an arrandoment morelides for exchange making idealine arrange to the control of the control o
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)
to implementation and amendment it not contained in the amendment users. (it not applicable, maicate NA)

(continued)

The date of each amendment(s) adoption: 5107
Effective date if applicable:
(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.
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)
(Typed or printed name of person signing)
Presedent-CEO (Title of person signing)

FILING FEE: \$35