P08000019556

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DIVISION OF CORPORATIONS
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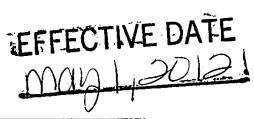
Amund Chronical Control of 19, 12

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Care &	
DOCUMENT NUMBER: P0800007	9556
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
Diana E. Varg	gas
	Name of Contact Person
Energy-Nutrit	ional Healing Center, Inc.
	Firm/ Company
10250 SW 56	6th ST Suite D-203
	Address
Miami, FL 33	
	City/ State and Zip Code
dvargas913@aol	.com
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	; please call:
Diana E. Vargas	at (305) 207-7333
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount i	made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta	•
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 Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Care & Hope Medical Center, Inc

(Name of Corporation as current)		Dept. of State)		-
P08000079556				
(Document Number	r of Corporation (if know	vn)		_
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Floria</i>	la Profit Corporation ad	lopts the followin	g amendment(s) to
A. If amending name, enter the new name of the	e corporation:			
Energy-Nutritional Healing Cer	nter, Inc.			The new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co".	A professional corpora	rated" or the a tion name must	bbreviation
B. <u>Enter new principal office address, if applica</u> (Principal office address <u>MUST BE A STREET A</u>				-
C. Enter new mailing address, if applicable:	-Andrews	· · · · · · · · · · · · · · · · · · ·		-
(Mailing address <u>MAY BE A POST OFFICE I</u>	<u>BOX</u>)			DIVIE 12
				PR PR
D. If amending the registered agent and/or registered agent and/or the new registered		Florida, enter the nam	e of the	12 APR 19 PM 1: 33
Name of New Registered Agent				7. 33
	(Florida street ada	ress)		0.
New Registered Office Address:		, Florida_		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		ad accept the obligations	of the position.	

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>v</u> <u>w</u>	fike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) <u>×</u> Change — Add — Remove	<u>v</u>	Ovidio Naranjo	10431 SW 52nd ST Miami, FL 33165
2) x Change Add Remove	<u>s</u>	Ovidio Naranjo	10431 SW 52nd ST Miami, Fl. 33165
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove		·	
6) Change Add Remove			

E. If amending or adding additional Artic (attach additional sheets, if necessary).	
N/A	
provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
N/A	
•	

The date of each amendment(s) a	doption: April 16, 2012
Effective date if applicable:	ay 1, 2012
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement 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)
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
_{Dated} 4/16/2	012
Signature	Wargo
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Diana E. Vargas
	(Typed or printed name of person signing)
	President
	(Title of person signing)