## P08000081939

(Re	equestor's Name)	
(Ac	ldress)	
(Āc	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
· (Bı	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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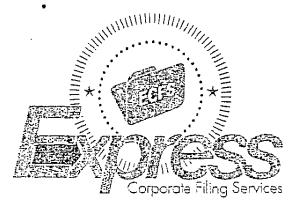


12 SEP 12 PH 2: 4.1

Amend

SEP 1 2 2012

T. BROWN



1000 Ponce de Leon Blvd. Suite: 101 Coral Gables, FL 33134

Phone: 305 444 4994

Email- filing@ecfsfiling.com

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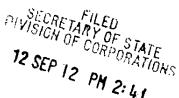
Examiner's Initials

## CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

' (Compresson Name)	PSP18000081939
(Carporation Name)	(Dacument ≠)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
Walk in Pick up	time Certified Copy
Mail out Will wait	Photocopy Certificate of Status
NEW PILINGS	AMENDMENTS
Profit	Amendment .
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Метдет
OTHER FILINGS	REGISTRATION/ OUALIFICATION
Annual Report	Foreign
Fictitious Name	
Name Reservation	Limited Partnership
<del></del>	Reinstatement

Other

## Articles of Amendment to Articles of Incorporation of



LIONE NELLABILITATIO	NI OADE INIO		12	<i>P</i> Μ 2
HOPE REHABILITATIO				PM 2:41
·	s currently filed with the Flo	rida Dept. of Sta	<u>te</u> )	
P08000081939				
(Docume)	nt Number of Corporation (if l	known)		_
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corp	oration adopts the following	ng amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	o". A profession		
B. Enter new principal office address, (Principal office address MUST BE A S	<u>if applicable:</u> TREET ADDRESS )			-
•				-
				_
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)				-
•				-
		· · · · · · · · · · · · · · · · · · ·	<del></del>	_
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, ente	er the name of the	
Name of New Registered Agent	DANY PODDIGI	EZ		
i	,			
	(Florida stree	t address)	<del></del>	
New Registered Office Address:	316 DOVE AVEN	IUE	, Florida 33870	
THE THE STATE OF THE COLUMN CO.	Sebring (City)	FL	(Zip Code)	-
New Registered Agent's Signature, if c				
hereby accept the appointment as regist	tered agent. I am familiar wit	th and accept the c	obligations of the position.	
<u> </u>	× ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	and if it was it		
i bu	gnature of New Registered Ag	ent, 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	PT	John Doe	
X Remove	<u>v</u> .	Mike Jones	
X Add	sv	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
1)Change	PT	DANY RODRIGUEZ	316 DOVE AVENUE SEBRING, FL 33870
Add Remove	į		<u> </u>
2) Change	PT	WILFREDO MARTINEZ	3312 PEGO STREET
Add			SEBRING FL 33870
X Remove			
3) Change		N-1	
Add	í		
Remove	{		
4) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change	•		<del></del>
Add	i		
Remove	í		
6)Change	-		
Add			
Remove			

If amending or adding additional Arthe (Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
·	and the state of t
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and it not contained in the amendment itself;
(if not applicable, indicate N/A)	
<u> </u>	

The date of each amendment	(s) adoption: U9/11/2012		
Effective date if applicable:	09/11/2012		
	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/wes by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.		
	e approved by the shareholders through voting groups. The following statement ad 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/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder		
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder		
Dated 09/	11/2012		
Signature_	(6/2)		
(B	y a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)		
•	WILFREDO MARTINEZ		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		