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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MADELEN	RODRIGUEZ I	NC		
DOCUMENT NUMBI	ER: P1200000078	33	-		
	f Amendment and fee are su				
Please return all corresp	ondence concerning this ma	atter to the following:			
	М	adelen Rodrigue	ez		
_	Name of Contact Person				
	Madelen Rodriguez Inc				
_		Firm/ Company			
	762	25 ABBOTT AVE	E APT 3		
-		Address			
	Mi	ami Beach, Flori	da 33141		
		City/ State and Zip Cod	e		
	madele	enrodriguez@ho	tmail.com		
		sed for future annual report			
For further information	concerning this matter, pleas	se call:			
Madelen Rodriguez		at (786	, 564-2502		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:		
■ \$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		Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle		
ranan	and the state of t	Tallabassee FL 32301			

Articles of Amendment Articles of Incorporation

MADELEN RODRIGUEZ INC

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

P12000000783

(Document Number of Corporation (if known)

If amending name, enter the new name of the corpo			
Sovereign Health Services Inc	orporated		The net
ame must be distinguishable and contain the word " Corp.," "Inc.," or Co.," or the designation "Corp," " ord "chartered." "professional association," or the abb	'Inc," or "Co". A professi	or "incorporated" or the ional corporation name m	ne abbreviatio oust contain th
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRE</u>	CSS)	<u></u>	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
	-		
,			
. If amending the registered agent and/or registered of		nter the name of the	
new registered agent and/or the new registered office			
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		. Florida	
	(City)	, Florida(Zip Code)	

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>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
l) Change Add Remove					
2) Change Add Remove		· · · · · · · · · · · · · · · · · · ·			
3) Change Add Remove			•		
4) Change Add Remove					
5) Change Add Remove			N-97-04.		
6) Change Add Remove					

If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)
······································	
TO THE PERSON NAMED AS A STATE OF THE PERSON NAMED AS A STATE	
If an amendment provides for an excha provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:

The date of each amendment(s) ac	loption:	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved 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 M	adelen Rodriguez	
	(voting group)	•
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated_04/13/	2012	
	delen Rodriguez Madellu Jaluga	12/
selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	0
	Madelen Rodriguez	
-	(Typed or printed name of person signing)	
	President	
-	(Title of person signing)	