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## CONTRACTORS.

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Sunsitine Pediatric	Therapy Services, Inc.		
DOCUMENT NUME	P19000012982			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	Sylvianne Cata			
		Name of Contact Persor	1	
		Firm/ Company		
	4000 SW 153 AVE			
		Address		
	Miramar FL 33027			
		City/ State and Zip Cod	2	
sylvi.	llovet@yahoo.com			
	E-mail address: (to be u	sed for future annual report	notification)	
For further informatio	n concerning this matter, plea	se call:		
Sylvianne Cata		at (	525-5089	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	ortment 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		Street Address Amendment Section Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation

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Sunshine Pediatric Therapy Services, Inc.	3010 EED OO DY E O
(Name of Corporation	as currently filed with the Florida Dept. of State) 5: 2
P19000012982	SQQ ENGLIS STAE
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	ooration:
WeCare Pediatric Therapy Services Corp.	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the obreviation "P.A."
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDR.	ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
N/A	nce autress.
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	tered Agent: am familiar with and accept the obligations of the position.
т петепу иссерстве арронитель из тедыства адет.	m jamilar wan and accept the tringations of the position.
Signati	ure 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 Doc, 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)	Title	Name	Address
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove			<u> </u>
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an 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)  A	(Attach additional sheets, if necess	ıry). (Be specific)			
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The date of each amendment(s	) adoption:	, if other than the
date this document was signed.		
	/25/2019	
Effective date if applicable: _		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this dat Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(se sufficient for approval.	)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
hy	,,	
.,	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholde adopted by the incorporators without shareholder action and shareholder	г
sele	a director, prosident or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other countointed fiduciary by that fiduciary)	t
	Sylvianne Cata	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del></del>