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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	PRATION: The Florida B	reast Health Initiative,	Inc.
DOCUMENT NUM	IBER: N05000011278		
The enclosed Article	s of Amendment and fee are sul	bmitted for filing.	
Please return all corr	espondence concerning this mat	tter to the following:	
		drea Ivory	
	(Name of	f Contact Person)	
	The Women's Breast Hea	alth Initiative, Florida Affilia	te, Inc.
 -	(Firm	n/ Company)	
	6447 Miami Lake	s Drive East, Suite 222E	
	(Address)	
	Miami La	akes, FL 33014	
2		ate and Zip Code)	
		Offbreasthealth.com	cation)
For further informati	on concerning this matter, pleas	se call:	,
Maria Elena Aba	te	at (954) 492-40	910
	of Contact Person)		time Telephone Number)
Enclosed is a check t	for the following amount made p	payable to the Florida Departme	nt of State:
□\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corporat Clifton Building 2661 Executive Cent	tions

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

The Florida Breas	st Health Initiative, Inc	. 6
(Name of Corporation as curren	ıtly filed with the Florida De	ot. of State) &
N050	00011278	ot. of State)
(Document Numb	per of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·
ursuant to the provisions of section 617.1006, F e following amendment(s) to its Articles of Inco		ot For Profit Corporation
. If amending name, enter the new name of t	the corporation:	
The Women's Breast Hea	alth Initiative, Florida Affili	ate, Inc.
he new name must be distinguishable and con		•
obreviation "Corp." or "Inc." <u>"Company" or</u>	"Co." may not be used in the	<u>name</u> .
Enter new principal office address, if appli		
rincipal office address <u>MUST BE A STREET</u>	ADDRESS)	
		
Enter new mailing address, if applicable:	E BAV)	
(Mailing address <u>MAY BE A POST OFFIC</u>	<u>E BUX</u>)	
		
. If amending the registered agent and/or re	aistored office address in Flo	mide, anton the name of th
new registered agent and/or the new register	•	rida, enter the name of th
Name of New Registered Agent:		
Name of New Registered Agent.		
- New Registered Office Address:	(Florida street addre	
Tren Registered Office Hadress.	(1 tortuu bir eet uuar ei	10/
	·	
	(City)	, Florida (Zip Code)

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add☐ Remove
			☐ Add ☐ Remove
		<u> </u>	☐ Add ☐ Remove
E. <u>If amend</u> (attach ad	ding or adding additional Ar dditional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
-			

The date of each amendment	t(s) adoption: August 14, 2010
Effective date if applicable:	October 1, 2010 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_Octo	ober 1, 2010
Signature	aulien Son
hav	the chairman or vice chairman of the bound, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, of the court appointed fiduciary by that fiduciary)
	ANDREA IVORY (Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)