N08000011022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Partnership for Community Health, Inc.

DOCUMENT NUMBER: N08000011022

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eduardo R. Lacosa
(Name of Contact Person)

Chrysalis Health, Inc.
(Firm/ Company)

351 Altara Ave.
(Address)

Coral Gables, FL 33146
(City/ State and Zip Code)

ERLACASA@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eduardo R. Lacosa at (786) 363-6880
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

Partnership for Community Health, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

2015 AUG -8 P 3:25

N08000011022
(Document Number of Corporation (if known)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this ***Florida Not For Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

______________________ *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."* ***"Company" or "Co." may not be used in the name.***

B. Enter new principal office address, if applicable: 351 Altara Ave.
(Principal office address MUST BE A STREET ADDRESS) Coral Gables, FL 33146

C. Enter new mailing address, if applicable: 351 Altara Ave.
(Mailing address MAY BE A POST OFFICE BOX) Coral Gables, FL 33146

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Eduardo R. Lacasa

351 Altara Ave.
(Florida street address)

New Registered Office Address:

Coral Gables, Florida 33146
(City) *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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Name of Contact Person — Area Code & Daytime Telephone Number

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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	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change	D	George Romaggosa	17984 Franjo Road
___ Add			Miami, FL 33157
X Remove			
2) ___ Change	D	Ruben Valdivia	17984 Franjo Road
___ Add			Miami, FL 33157
X Remove			
3) ___ Change	D	Eduardo Lacasa	17984 Franjo Road
___ Add			Miami, FL 33157
X Remove			
4) ___ Change			
___ Add			
___ Remove			
5) ___ Change			
___ Add			
___ Remove			
6) ___ Change			
___ Add			
___ Remove			

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)

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Example:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change	D	Neiko Shea	4043 W. Lake Estates Dr.
X Add			Davie, FL 33328
___ Remove			
2) ___ Change	D	Adam Granit	1230 S. Nob Hill Rd.
X Add			Davie, FL 33325
___ Remove			
3) ___ Change	D	John Henson	220 S. Audubon Ave.
X Add			Tampa, FL 33609
___ Remove			
4) ___ Change			
___ Add			
___ Remove			
5) ___ Change			
___ Add			
___ Remove			
6) ___ Change			
___ Add			
___ Remove			

E. <u>If amending or adding additional Articles, enter change(s) here</u>:
(Attach *additional sheets, if necessary*).. *(Be specific)*

F. <u>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:</u>
(*if not applicable, indicate N/A*)

The date of each amendment(s) adoption: ________________________, if other than the date this document was signed.

Effective date if applicable: ________________________

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☑ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated August 5, 2016

Signature ________________________

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Eduardo R. Lacasa

(Typed or printed name of person signing)

Board Member

(Title of person signing)