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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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06/22/12-01007-004 **35.00 American 2/12-01007-004 **35.00



(JUN 2 2,2012 T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations 2 Reev ARINE **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Address) (City/ State and Zip Code, For further information concerning this matter, please call: (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 \$\Bigcup \$43.75 Filing Fee & \Bigcup \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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 |
|---|
| Articles of Incorporation |
| (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) |
| Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: |
| A. If amending name, enter the new name of the corporation: A DRING CARE TAIST, TUZE SOR TRANSPER 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: (Principal office address MUST BE A STREET ADDRESS) New York Part Russy 1 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) |
| 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: |
| New Registered Office Address: (Florida street address) (City) Florida (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 |

Page 1 of

| The date of each amendment(s) adoption: | | |
|--|--|--|
| Effective date if applicable: (July 1, 20/2) | | |
| (no more than 90 days after amendment/file date) | | |
| 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 | | |
| Signature Through K Miles | | |
| (By the chairman of 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) | | |
| (Typed or printed name of person eigning) | | |
| (Title of person signing) | | |
| (The of person signing) | | |