P02000289/2

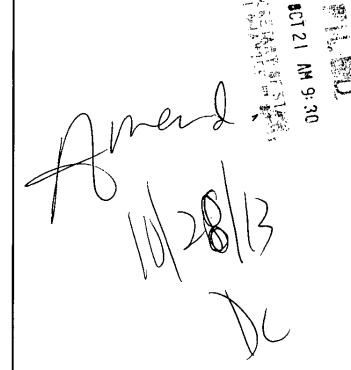
(Re	questor's Name))	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	HIALEAH SER: P020000289	EYE CARE (CORP	
DOCUMENT NUMB	BER: 1 0200020	U 1 Z		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	BELKIS BOSC	H DOMINGU	EZ	
	# 440 4	Name of Contact Person	n	
	HIALEAH EYE	CARE CORF		
•		Firm/ Company		
5370 PALM AVE STE 2				
		Address		
	HIALEAH, FL	33012		
	City/ State and Zip Code			
feli	utax@yahoo.co	om sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
BELKIS BC	SCH DOMING	SUEZ _{at (} 786	, 942-3795	
	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the 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)	
<u>Mail</u>	ling Address	Street	Address	
Amendment Section		Amendment Section		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

HIALEAH EYE CARE CORP

(Name of Corporation as currently filed with the Florida Dept. of State) P02000028912

(Document Number of Corporation (if known)

A. If amending name, enter the new name of the corporation: N/A			The n	
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," o word "chartered," "professional association," or the abbreviatio	r "Co". A professional corporation	ed" or the abi a name must co	reviati Intain (ion the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A			
			13	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		act 2	***
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		इक्क्ष्म सम्बद्ध द्वारक समुद्री सम्बद्ध	-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			AM 9: 30	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr		f the	Û	
	H DOMINGUEZ			
	ORE DR apt 1136			
·	street address)			
New Registered Office Address: MIAMI	, Florida 33	3132		
	Ϊή·)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am jamilio		the position.		

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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change	Р	Dirly B Rodriguez Mendez	1501 Michigan Ave Apt 12A
Add			Miami Beach, FL 33139
Remove			
2) Change	VP	Renzo Cannone	910 West Ave Apt 628
Add			Miami Beach, 33139
Remove			
3) Change	Р	Belkis Bosch Dominguez	1717 N Bayshore Dr. #1136
✓ Add			Miami, FL 33132
Remove			
4) Change	<u>VP</u>	Fernando Corona Fernande	1717 N Bayshore Dr. #1136
✓ Add			Miami, FL 33132
Remove			
5) Change			
Add			
Remove		•	
6) Change		_	
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
· · ·	
·	
	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment date this document was signed	t(s) adoption: 10/16/2013	, if other than the
Effective date if applicable:	10/16/2013	
Effective date in appreciation.	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/web by the shareholders was/web	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
The amendment(s) was/wes	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_10/1		
Se	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court propinted fiduciary by that fiduciary)	
a	BELKIS BOSCH DOMINGUEZ	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	