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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(В	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SEP 1 2 2014 C. CARROTHEET

COVER LETTER

NAME OF CORPORATION: NULOK REPAIR TVC DOCUMENT NUMBER: 20-1076764				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/ Company 13217 M(1) THIAVE				
Address City/ State and Zip Code City/ State and Zip Code E-mail address: (to be used for future annual report-notification)				
For further information concerning this matter, please call: at (305), 498-8734				
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 Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Amendment Section				

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Division of Corporations

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

Articles of Amendment

to

Articles of Incorporation of

Nu look Reha	th Inc
(Name of Corporation as currently filed w	rith the Florida Dept. of State)
20-1076	764
(Document Number of Corp	oration (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpora	ation:
	The new
name must be distinguishable and contain the word "corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>)	13217 LUD THAVE N. U.AMi 12 33168
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME as Above
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent	
(F	Florida street address)
New Registered Office Address:	(City) , Florida(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j	ed Agent: familiar with and accept the obligations of the position.
Signature of New Reg	gistered 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 Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John I	<u>Doe</u>	
X Remove	V Mike J	<u>Iones</u>	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One) 1) Change Add	Title	David Kirdd	Address 3720 Invervary Dra Unit 1
Remove 2) Change Add	<u>V</u>	Danse Dans	Laudenhill, FL 3331 190 NJE 19948/#3 MIAMIFL 3317
Remove 3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove	*****		
6) Change Add Remove			

	
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an amendment provides for an exch provisions for implementing the ame	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(s) adoption:	, if other than the
·	
Effective date if applicable: (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s by the shareholders was/were sufficient for approval.)
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	ni
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	г
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 93014	
Signature	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator—if in the hands of a receiver, trustee, or other court	t
appointed fiduciary by that fiduciary)	
- David Kidd	
(Typed or printed name of person signing)	
President	
(Title of person signing)	