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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: REHABILITATIO	N ALTERNATIVE THER	APY & SPA CENTER INC
DOCUMENT NUM	P04000112676		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	LUIS A ALVAREZ		
		Name of Contact Person	n
	REHABILITATION ALTERNATIVE THERAPY & SPA CENTER INC		
		Firm/ Company	<u> </u>
	1150 LEE BLVD SUITE C		
		Address	
	LEHIGH ACRES, FL 33936		
	-	City/ State and Zip Cod	e
LAL	.VAREZRESEARCH@GMAI	L.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call: at (521-7441
Name	of Contact Person	at (Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made		
■ \$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)
An Di P.C	niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, Ft. 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 2019 JAH 31 PH 12: 51

REHABILITATION ALTERNATIVE THERAPY & SPA CENTER INC

(Name (of Corporation as currently	willed with the Florida Dept. of State
P04000112676		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:	
N/A		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	uation "Corp," "Inc," or "	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A."
	26 P N	N/A
B. <u>Enter new principal office address,</u> (<i>Principal office address <u>MUST BE A S</u></i>		
C. Catanana malling address if and	ianblo.	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)		N/A
D. If amending the registered agent ar	id/or registered office addi	ess in Florida, enter the name of the
new registered agent and/or the ne	w registered office address	<u>:</u>
Name of New Registered Agent	N/A	
	(Florida sır	eet address)
	N/A	121
New Registered Office Address:		, Florida (City) (Lip Code)
		,
New Registered Agent's Signature, if c	hanging Registered Agent	
I hereby accept the appointment as regis	tered agent. I am familiar v	with and accept the obligations of the position.
	Cimeron of Visus P	egistered Agent if chanving

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 = Vicc President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairmon 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 hold. 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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jone	<u>es</u>	
X Add	\underline{SV}	Sally Smi	i <u>th</u>	
Type of Action (Check One)	Title	1	Name	Address
1) Change	VP	i	ROBERTO TEJEDA	4201 NW 197 STREET
Add				MIAMI GARDENS, FL 33055
X Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	.			
Add				
Damaya				

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
Tritaen daditima inceis, y necessaryy.	(b) april giog	
		
		
		
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	to the set of the second shows	
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)	Human I not contained in the amount of the contained in t	
UIS A ALVAREZ 100% OWNERSHIP		

The date of each amendment(s):	adoption:	, if other than the
late this document was signed.	(24/2010	
U1) Effective date <u>if applicable</u> :	/25/2019	
	(no more than 90 days after amendment file date)	_
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were at by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	at for the amendment(s) was/were sufficient for approval	
by	."	
,	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
01/25/20 Dated	19	
Signature		
(By a selec	director president of other officer - if directors or officers have not been ted-by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	LUIS A ALVAREZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	