

PO5000005528

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

Amey
10/16/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: IDEAL REHABILITATION INSTITUTE INC.

DOCUMENT NUMBER: P05000005528

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

Please return all correspondence concerning this matter to the following:

ZOILA CARDENAS

Name of Contact Person



Firm/ Company

2800 W 84 ST #11

Address

HIALEAH FL 33018

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZOILA CARDENAS

Name of Contact Person

at (786)

256-8990

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

IDEAL REHABILITATION INSTITUTE INC.

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

P05000005528

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)**

**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:

ZOILA CARDENAS

New Registered Office Address:

2800 W 84 ST #11

(Florida street address)

HIALEAH

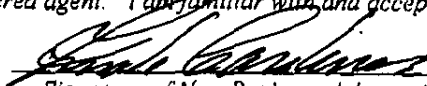
(City)

Florida 33018

(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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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PR</u>	<u>DAYAMI CAPIRO</u>	<u>8290 WEST 18TH LANE</u> <u>HIALEAH FL 33014</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>MIGUEL CARDONA</u>	<u>16123 SW 43 ST.</u> <u>MIAMI FL 33185</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>PR</u>	<u>ZOILA CARDENAS</u>	<u>5 SW 116 CT</u> <u>MIAMI FL 33174</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. 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:

(if not applicable, indicate N/A)

DAYAMI CAPIRO AND MIGUEL CARDONA HAVE RESIGNED AS OFFICERS OF
IDEAL REHABILITATION INSTITUTE INC. ATTACHED TO THIS AMENDMENT ARE
Officer/Director Resignation letters FOR BOTH OFFICERS. ZOILA CARDENAS WILL
REMAIN THE SOLE OFFICER OF IDEAL REHABILITATION INSTITUTE INC. AND
WILL OWN 100% STOCK IN THE CORPORATION

The date of each amendment(s) adoption: 09/29/10

(date of adoption is required)

Effective date if applicable: 09/29/10

(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):*

The number of votes cast for the amendment(s) was/were sufficient for approval

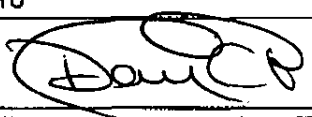
by _____

(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 09/29/10

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 appointed fiduciary by that fiduciary)

DAYAMI CAPIRO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)