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SECRETARY OF STATE
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAMË OF CORP	ORATION: ANICETO	HEALTH CARE INC	i i		
DOCUMENT NUI	MBER: <u>P050000 [1</u>	188			
The enclosed Article	les of Amendment and fee an	re submitted for filing.			
Please return all con	rrespondence concerning this	s matter to the following:			
-	MILAGROS AN	VICETO			
	N:	ame of Contact Person			
-	ANICETO H	EALTH CARE INC. Firm/Company			
		Firm/ Company			
_	9745 SUNSET	Drive 12rd St.	# 150		
		Address			
	MIKMI FL.	331 <b>写</b> 3 # ty/ State and Zip Code			
	Ci	ty/ State and Zip Code			
	milagnos ancilto E-mail address: (to be used	a g. moul.com.  I for future annual report notification)			
For further informate	tion concerning this matter, j	please call:			
MILAGROS		at ( <u>305</u> ) <u>915-9</u> z	-21		
Name o	of Contact Person	Area Code & Daytime Tel	ephone Number		
Enclosed is a check	for the following amount ma	ade payable to the Florida Depart	ment 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 Ad		Street Address			
Amendment		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations			
Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	2661 Executive Center Circle		

Tallahassee, FL 32301

## **Articles of Amendment**

to
Articles of Incorporation

	of	FILE	· n
Ability to	Succ	EED IMPACADOR	Ted.
(Name of Corporation as currently		TIPRITA -	
PO 50000 1118	18	the Florida Dept. of State 12 Florida Dept. of SECRETARY OF TALLAHASSEE.F	an
(Document Number o		tion (if known)	ORIOA ORIOA
Pursuant to the provisions of section 607.1006, Floamendment(s) to its Articles of Incorporation:	rida Statu		
A. If amending name, enter the new name of the c	<u>orporatio</u>	on:	
ANICETO HEAUT name must be distinguishable and contain the w	-11 C	ARE INC.	The new
name must be distinguishable and contain the wabbreviation "Corp.," "Inc.," or Co.," or the designame must contain the word "chartered," "professio	nation "C	'orp," "Inc," or "Co". A professi	porated" or the onal corporation
B. Enter new principal office address, if applicabl	able:	9745 Sunset Or	ive 12 hd St \$150
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		Miami FL. 33	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>2X</u> )	9745 Sunset Dr MIAMI FL. 33173	
D. If amending the registered agent and/or registered new registered agent and/or the new registered	office ad	dress:	ne of the
Name of New Registered Agent: M1	LAGR	OS ANICETO	1 (6)
<u>97 L</u> <u>New Registered Office Address</u> :	15 S (Flor	UNSET Drive 72 <sup>5</sup> ida street address)	2St. #190
_ ~	(City)	l, Florida_ (Zip Code)	FL. 33173
New Registered Agent's Signature, if changing Re	gistered A	gent:	
hereby accept the appointment as registered agent.	I am fam	iliar with and accept the obligations	
_ Mla Signatu	gran	Arcet (MI Registered Agent, if changing	LAGROS ANICETO)
O*Erms*	o oj 110 <b>1</b>		

## 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>	Type of Action
Pres ITR	MILAGROS ANICETO	15967 SW 112th PL MIAMI Pt. 33157	Add Same
<u>VP JT</u> R	kuthleen Root	14270 SW 68 ST MIAMI FL. 33183	Add Remove
SEC for	DAISY MENDEZ JOSEY MENDEZ	15967 SW 112 1/2 ML MAMI Fr. 33157 15967 SW 112 15 PC MIAMI FL. 33157	☑ Add ☐ Remove
D	JOSEY MENDEZ	15967 8W 1125PL MIAMI FL. 33157	12 AOD
	ng or adding additional Articles, enter litional sheets, if necessary). (Be specij		
provision	endment provides for an exchange, recl s for implementing the amendment if a applicable, indicate N/A)		
<u> </u>			

The date of each amendment  Effective date <u>if applicable</u> :	s) adoption: Fobruar	4 26	2010	
•	(date of ado	ption is req	uired)	
Effective date if applicable:	February 26	2010	2	
	(no more than 90 days after an	nendment fi	le date)	
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/wer by the shareholders was/we		The numbe	r of votes cast for the amen	dment(s)
The amendment(s) was/wer must be separately provide	e approved by the shareholders I for each voting group entitled			
"The number of votes	ast for the amendment(s) was/v	vere sufficie	ent for approval	
by	(voting group)	·	<b>&gt;</b>	
	(voting group)			
The amendment(s) was/wer action was not required.  The amendment(s) was/wer action was not required.	e adopted by the board of direct			
DatedF6	bruary 26, 2010	<u>,                                      </u>		
	a director, president or other of other of the director, by an incorporator – if in the director in the direct		rectors or officers have not a receiver, trustee, or other	been court
	MILAGROS A	NICET	D	
	(Typed or printed)	name of per	son signing)	
	PRESIDENT	-		
	(Title of person signin	g)		