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COVER LETTER

TO: Amendment Section Division of Corporations

DOCUMENT NUMBER: P05000044073
the enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
Lodoiska Garaa
Name of Contact Person
Amencon care, Inc.
Firm/ Company
12171 SW 268th St.
Address
HomeGread, FL 33032 City/ State and Zip Code
City/ State and Zip Code
JUruo @ umen(on(ore net E-mail address: (to be used for future annual report notification)
b-man address. (to be used for fature annual report notification)
For further information concerning this matter, please call:
LOdoiska hurua at (305) 278-0200 ext. 1034
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 Certified Copy (Additional copy is enclosed) 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

American (are of Tampo	a, Inc. 3 2 3 our time last
(Name of Corporation as current)	tly filed with the Fibrida Dept. of States: 27
	SECRETARY DE STATE
(Document Number of	of Corporation (if Frigue AHASSEE, FLORIDA
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NM	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
(Mutting address MAT BE A POST OFFICE BOX)	IVIP
D. If amending the registered agent and/or registered office add	iress in Florida, enter the name of the
new registered agent and/or the new registered office addres	
Name of New Registered Agent N/A	
,	
(Florida st	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Num Postato IA di Ciri di India di Piata di Piat	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
,	1 our gamen sy and position.

Signature of New Registered 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: XChange	PT John	Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>VD</u>	Maria Cariaga	12171 SW 268MSt.
Add Remove			Homestead, Fl 33032
2) Change	VDS	Lodoiska harcia	12171 SW 208 th St. Homestead, FL
Remove	T		3303 L
3) Change	<u>I</u>	Jose Garcia	12/71 SW 268M St. Homesteud, FL
Remove			33032
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. 1 / A	(Be specific)			
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		n, or cancellation	of issued shares.	L
an amendment provides for an exch	ange, reciassification		nent itself:	
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The date of each amendment(s) adoption:date this document was signed.	2/8/2014	, if other than the
	(no more than 90 days after amendn	nent file date)
	not meet the applicable statutory filing	g requirements, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes ca approval.	st for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting		
"The number of votes cast for the ame	endment(s) was/were sufficient for appr	oval
by(vo	oting group)	.,,
The amendment(s) was/were adopted by the action was not required.		action and shareholder
selected, by an int	esident or other officer – if directors or other officer if hands of a receiver ry by that fiduciary)	officers have not been
	(Typed or printed name of person sign	ing)
	Sleretory (Title of person signing)	