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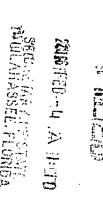
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

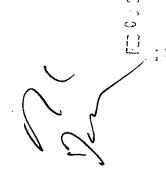
Office Use Only



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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORA	Acucare, Inc.		
DOCUMENT NUMBE	R: P050	000 63710	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspond	ondence concerning this ma	tter to the following:	
R	ence Skuban		
_		Name of Contact Person	n
A	cucare, Inc. (Requesting a	change of name to: A New	Leaf Acupuncture)
_	, ,,,,,	Firm/ Company	
1	0600 SW 77th Terrace		
_		Address	
N	1iami, FL 33173		
	· · ·	City/ State and Zip Cod	e
renee.sl	kuban@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information of	concerning this matter, pleas	se call:	
Renee Skuban		305	495-6026
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment 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		· · · · · · · · · · · · · · · · · · ·	Address
	dment Section	Amendment Section	
			on of Corporations Building
	assee, FL 32314		Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) Acucare, Inc. PO5000063710 (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: A New Leaf Acupuncture, Inc. 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: 10600 SW 77th Terrace (Mailing address MAY BE A POST OFFICE BOX) Miami, FL 33173 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 (Florida street address) N/A (Still 7800 Red Road, South Miami, FL 33143) New Registered Office Address: Florida (City) (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

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	<u>PT</u>	John Do	DE.	
X Remove	¥	Mike Jo	<u>ones</u>	
_X Add	SV	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		·		
Add				
Remove				
2) Change		_		
Add				
Remove				
3)Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change	-	_		<u> </u>
Add				
Remove				

ttach additional sheets, if necessary).	(Be specific)			
				,
				 -

nn amendment provides for an excha	nge reclassification of	cancellation of iccu	ed charec	
		in the amendment it	self:	
ovisions for implementing the amen	dment if not contained			
rovisions for implementing the amen (if not applicable, indicate N/A)	dment if not contained			
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	January 20, 2016	
The date of each amendmen		, if other than the
date this document was signed		
	February 26, 2016	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this date the Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	1
	re approved by the shareholders through voting groups. The following statemented for each voting group entitled to vote separately on the amendment(s):	nt .
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
<u> </u>	(voling group)	
	. 33 17	
☐ The amendment(s) was/wet action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Janua	ry 26, 2016	
Dated		
Signature	Revee Skibern, President	
	by a director, president or other officer - if directors or officers have not been	
	elected, by an incorporator - if in the hands of a receiver, trustee, or other court	
ap	opointed fiduciary by that fiduciary)	
	Renee Skuban	
	(Typed or printed name of person signing)	<u> </u>
	President	
	(Title of person signing)	******