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CERTIFIED MEDICAL	- CARE INC.
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NEW FILINGS AMEN	<u>IDMENTS</u>
☐ Profit Ar	nendment
_	esignation of R.A., Officer/Director
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Fictitious Name Lin	reign mited Partnership sinstatement
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ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

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SECRETARY OF STATE

CERTIFIED MEDICAL CARE INC

(PRESENT NAME)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

Directors shall now read as follows:

DELETE: JACQUELINE LEYVA (PRESIDENT)

19684 NW 86 CT

MIAMI, FL 33015

DELETE: STEPHANIE LEYVA (VICE PRESIDENT)

ADD: STEPHANIE LEYVA (PRESIDENT)

19684 NW 86 CT

MIAMI, FL 33015

ADD: DAISY TRIANA (VICE PRESIDENT)

20202 NW 52 CT

MIAMI FL 33055

New Registered Agent

DAISY TRIANA 20202 NW 52 CT MIAMI, FL 33055

SECOND: 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, are as follows.

THIRD: The date of each amendment's adoption: 10/15/05
FOURTH: Adoption of Amendment(s) (check one)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups.
The following statement must be separately for each voting group entitled to vote separately on each amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for
approval by
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.
Signed this 15 day of October, 2005.
Signature (Bythe Chairman or Vice Chairman of the directors,
President or other officer if adopted by the shareholders)
OR (By a director if adopted by the directors) OR OR
(By an incorporator if adopted by the incorporators)
JACQUELINE LEYUA Typed or printed name
Typed or printed name
PRESIDENT
ime

Having been named as registered agent and to accept service of process for the stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity.

Registered Agent Signature