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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Ps (10/05 Amon)



7955 Airport Road North Suite 101 Naples, Florida 34109 239-597-9999 Fax 239-597-9974

June 7, 2005

Department of State Amendment Section – Div. of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Athena Health Solutions, Inc.

To Whom It May Concern:

Enclosed herein please find Articles of Amendment to Articles of Incorporation of the above referenced matter.

Should you have any questions feel free to contact our office.

very truly yours

Betty J. Smith

Legal Assistant to Antonio Faga, Esq.

/bs

Enclosure

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: ATHENA HEALTH	SOLUTIONS, INC.	
DOCUMENT NÜM	MBER: PO5000066026		
The enclosed Article	es of Amendment and fee are	submitted for filing.	
Please return all cor	respondence concerning this	matter to the following:	
	ANTONIO I	FAGA	
<del></del>	(Name of	Contact Person)	·
	ANTONIO FA	AGA, ESQUIRE	
<del></del>	(Firm	Company)	
	7955 AIRPORT	ROAD NORTH, SUITE 101	
	(A	(ddress)	
	NAPLES,	FLORIDA 34109	
<del> </del>	(City/ State	e/ and Zip Code)	<del></del>
For further informat	tion concerning this matter, pl	lease call:	
ANTONIO FAGA		at ( 239) 597-999	99
(Name of Contact Person)		(Area Code & Daytime Telephone Number)	
Enclosed is a check	for the following amount:		
☑ \$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 Tallabassee, FL 32314		Street Address Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	

## Articles of Amendment to

## FILED

Articles of Incorporation 0	5 JUN -9 PM 2:51
O1	LAHASSEE. FLORIDA
ATHENA HEALTH SOLUTIONS, INC. [AL	LAHASSEE. FLORIDA
(Name of corporation as currently filed with the Florida Dept. of Star	te)
PO5000066026	
(Document number of corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pr</i> adopts the following amendment(s) to its Articles of Incorporation:	rofit Corporation
NEW CORPORATE NAME (if changing):	
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp (A professional corporation must contain the word "chartered", "professional association," or the	
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate	: Article Number(s)
and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	
ARTICLE IV- SHALL BE AMENDED TO AUTHORIZE THE ISSUANCE OF 500,000 S	HARES OF
\$0.01 PAR VALUE.	
(Attach additional pages if necessary)	
If an amendment provides for exchange, reclassification, or cancellation of issu for implementing the amendment if not contained in the amendment itself: (if no	
	<del></del>

(continued)

The date of each amendment(s) adoption: 06/06/05
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were approved 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.
Signed this day ofJUNE
(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)
BRENT PETERSON
(Typed or printed name of person signing)
DIRECTOR
(Title of person signing)

FILING FEE: \$35