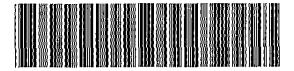
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SOS	SY'S CLINIC INC	<u>.</u>
DOCUMENT NUMBER: P050001	12859	
The enclosed Articles of Amendment a	and fee are submitted for filing.	
Please return all correspondence concer	rning this matter to the following:	
CLARA S ALVARE	Z.	
	(Name of Contact Person)	= £
ALVAREZ ACCO	UNTING SERVICE	
	(Firm/ Company)	
1532 SW 8 ST SUI	ITE #202	
	(Address)	
MIAMI FL 33135		
	(City/ State and Zip Code)	<i>.</i>
For further information concerning this	s matter, please call:	
CLARA S ALVAREZ (Name of Contact Person)	at (786) 326-4115 (Area Code & Daytime Teleph	hone Number)
Enclosed is a check for the following a		iono i tomoury
_		_
☐ \$35 Filing Fee		1 \$52.50 Filing Fee Certificate of Status 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



SOSY'S CLINING I	いいし
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(Name	e of corporation as	s currently f	iled with	the Florid	a Dept. ö	f State)		* * *	
P0500011	2859								
	(Document	number of	corporat	tion (if kno	wn)				-
ursuant to the provisions dopts the following amend				-		la Profi	it Cor	porati	on
EW CORPORATE NA	ME (if changi	ng):							
SOSY'S CLINIC INC									
Must contain the word "corpora									
A professional corporation mus	a contain the word	2 0110110100	, 1						
,			•		GE) Ind	icate A	rticle	Numb	
A professional corporation mus MENDMENTS ADOPT nd/or Article Title(s) bein	<u>red</u> - (other	R THAN I	NAME	CHANG		icate A	rticle	Numb	
MENDMENTS ADOPT	<u>red</u> - (other	R THAN I	NAME	CHANG	IFÍC)	icate A	rticle	Numb	
MENDMENTS ADOPT	<u>red</u> - (other	R THAN I	NAME	CHANG		icate A	rticle	Numb	
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MENDMENTS ADOPT	<u>red</u> - (other	R THAN I	NAME eted: (I	CHANG	IFÍC)	icate A	rticle	Numb	

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: 8/15/2005
Effective date if applicable; 8/15/2005
(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.
Signature (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)
GRISEL R OROPESA
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

FILING FEE: \$35