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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: AYAN ENTERPRISES, INC. DBA THE INNER CIRC

Account Number: I20010000223

Phone Fax Number : (305)262-1128 : (305)262-6935

COR AMND/RESTATE/CORRECT OR O/D RESI

ADVANCED CARE, INC.

Certificate of Status	0
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Corporate Filing Menu

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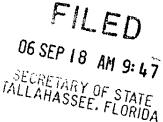
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF	CORPORATION:	ADVANCED CARE	E, INC.
DOCUME	TT NUMBER: P05000131012		
The enclose	d Articles of Amendment and fe	are submitted for filing.	
Please return	n all correspondence concerning	nis matter to the following	g:
	ALE >	EY CONCEPCION	
	(Nan	of Contact Person)	· ·
	ADVANCED CARE, INC.		
	(Firm/Company)		
	430 NW 47 AVE, #2		
	(Address)		
	м	VMI, FL 33126	
	(City)	State/ and Zip Code)	
For further i	nformation concerning this matte	, please call:	•
	ALEXEY CONCEPCION	at (786)	319-2496
	(Name of Contact Person)	(Area Code &)	Daytime Telephone Number)
Enclosed is	a check for the following amount		
☐ Filing Fee	☐ Filing Fee & Certificate of Status	☑ Filling Fee & Certified Copy (Additional copy is enclosed)	☐ 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 Add Amendment Division of 409 E. Gain Tallahassee	t Section Corporations les Street

Articles of Amendment



	Articles of Incorporation of	TALLAHASSEE, FLORID
	ADVANCED CARE, INC.	AND FLORID
	(Name of corporation as currently filed with the Florida	Dept. of State)
	P05000131012	
	(Document number of corporation (if know	n)
	isions of section 607.1006, Florida Statutes, this amendment(s) to its Articles of Incorporation:	Florida Profit Corporation
NEW CORPORAT	TE NAME (if changing):	

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) Article 2. The principal place of business is: 13384 SW 128 STREET, SUITE A. MIAMI, FL 33186 Article 5. The name and address of the Registered Agent is: ALEXEY CONCEPTION 430 NW 47 AVE, #2. MIAMI, FL 33126 Article 7.1 The Board of Directors shall be composed by one (1) Director, to wit: ALEXEY CONCEPTION, 430 NW 47 AVE, #2. MIAMI, FL 33126. President (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: 08/6/2006			
Effective date if applicable:	08/06/2006			
(no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)			
	s/were approved by the shareholders. The number of votes cast for he shareholders was/were sufficient for approval.			
	s/were approved by the shareholders through voting groups. The ust be separately provided for each voting group entitled to vote adment(s):			
"The number of vo	tes cast for the amendment(s) was/were sufficient for approval by			
	(voting group)			
☐ The amendment(s) was and shareholder action	s/were adopted by the board of directors without shareholder action was not required.			
The amendment(s) was shareholder action was	s/were adopted by the incorporators without shareholder action and not required.			
Signed this 66 day of	August 2006			
selected, i	etor, president or other officer - if directors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or other court if iduciary, by that fiduciary)			
ALEXEY CONCEPTION				
(Typed or printed name of person signing)				
	PRESIDENT			
	(Thie of person signing)			