P06000000343

| (Re | questor's Name) | |
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| (Ad | dress) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: RAMARAO | MAKKENA M | DPA |
|--|---|--|--|
| DOCUMENT NUMB | P0600000 | 343 | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| Please return all corres | pondence concerning this mat | tter to the following: | |
| | RAMARAO MAK | | |
| | | Name of Contact Persor | 1 |
| | RAMARAO MAK | KENA MDPA | |
| • | 10-11 STATE STATE OF THE STATE | Firm/ Company | |
| | 3389 W VINE ST | REET, Ste # 304 | 4 |
| • | | Address | |
| | Kissimmee, FL | 34741 | |
| | | City/ State and Zip Code | e |
| NAA | VVENIAMBDS@C | CMAIL COM | |
| IVIA | KKENAMBBS@C | sed for future annual report | notification) |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further information | concerning this matter, pleas | se call: | |
| RAMA | | at (407 | 9322799 |
| Name o | of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for | r the 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) |
| <u>Mai</u> | ling Address | Street | Address |
| Amendment Section | | Amendment Section | |
| | sion of Corporations | Division of Corporations | |
| P.O. Box 6327 Tallahassee, FL 32314 | | Clifton Building 2661 Executive Center Circle | |
| i alialiassee, FL 32314 | | Tallahassee, FL 32301 | |

September 24, 2013

To: Amendment Section Division of Corporations

Subject: Change of Business Name Document #: P06000000343

To Whom It May Concern;

This is to inform that I am changing my company name from Ramarao Makkena MDPA to Ameri Mindcare PA as of 10/10/2013.

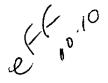
Thank you for your prompt attention to this matter.

Regards,

Ramarao Makkena

President

Articles of Amendment to Articles of Incorporation of



| RAMARAO MAKKENA MDPA | |
|---|---|
| (Name of Corporation as currently filed with the I | Florida Dept. of State) |
| P0600000343 | |
| (Document Number of Corporation (| if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| AMERI MINDCARE PA | The new |
| name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation | "Co". A professional corporation name must contain the "P.A." |
| B. Enter new principal office address, if applicable: | 3389 W VINE ST,Ste 304 |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | Kissimmee 🔀 🐹 |
| | FL 34741 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | Same as above |
| | |
| | |
| | 25 |
| D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address | |
| Name of New Registered Agent N/A | |
| (Florida si | treet address) |
| New Registered Office Address: | , Florida |
| (City | |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar | nt: 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 | <u>oe</u> | |
|----------------------------|--------------|-------------|-------------|-------------|
| X Remove | <u>V</u> | Mike Jo | enes enes | |
| X Add | <u>sv</u> | Sally Sr | <u>nith</u> | |
| Type of Action (Check One) | <u>Title</u> | | <u>Name</u> | Address |
| 1) Change | | _ | N/A | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | _ | · | - |
| Add | | | | |
| Remove | | | | |
| 4) Change | | <u>.</u> | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |
| ACHIOVC | | | | |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | | |
|--|--|--|
| N/A | | |
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| F. If an | amendment provides for an exchange, reclassification, or cancellation of issued shares, | |
| prov | amendment provides for an exchange, reclassification, or cancellation of issued shares, risions for implementing the amendment if not contained in the amendment itself: | |
| | (if not applicable, indicate N/A) | |
| N/A | | |
| | | |
| | | |
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| The date of each amendment(s) date this document was signed. | adoption: | , if other than the |
|--|--|---------------------|
| | 0/10/2013 | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were a by the shareholders was/were | dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval. | |
| | pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes ca | st for the amendment(s) was/were sufficient for approval | |
| by | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | (voting group) | |
| ☐ The amendment(s) was/were a action was not required. | dopted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were a action was not required. | dopted by the incorporators without shareholder action and shareholder | |
| Dated_09/2 | 24/2013 | |
| Signature | M. Mos | |
| selec | a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court printed fiduciary by that fiduciary) | |
| | RAMARAO MAKKENA | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |

(Title of person signing)