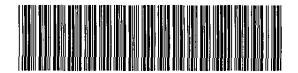
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(Re	equestor's Name)		
(Ac	ldress)		
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(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
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Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HEALTHCONN	EX CONSULTING, INC.		
DOCUMENT NUMBER: P06000024084			
The enclosed Articles of Amendment and fee are submitte	ed for filing.		
Please return all correspondence concerning this matter to	the following:		
BRUNO SUAREZ	,		
	me of Contact Person		
HEALTHCONNEX	CONSULTING, INC	C .	
7704 NIM ACTIL O	Firm/ Company		
7791 NW 46TH S			
DORAL, FI 33166	Address		
	y/ State and Zip Code		
	•		
BSUAREZ@HCASM	future annual report notification)		
E-man address. (to be used for	ruture amitiai report normeation;		
For further information concerning this matter, please call			
BRUNO SUAREZ	at (305) 608-572	28	
Name of Contact Person	Area Code & Daytime Tele	ohone Number	
Enclosed is a check for the following amount made payab	e to the Florida Department of State:		
□ \$35 Filing Fee □\$43.75 Filing Fee & □\$ Certificate of Status C	43.75 Filing Fee & S52.50 Filing I Certificate of S Certified Copy (Additional Copy is nclosed) (Additional Co is enclosed)	tatus	
Mailing Address Amendment Section	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

HEALTHCONNEX CONSULTING, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)
P0600024084

A. If amending name, enter the new name of the corporation:		The	
name must be disiinguishable and contain the word "corporati" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name m		
B. Enter new principal office address, if applicable:	7791 NW 46 STREET		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUITE 427		
	DORAL FL 33166		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE		
(muning united MAT BE AT OST OFFICE BOA)	· · · · · · · · · · · · · · · · · · ·		
	- , 		
If amounting the projection of agent and/our projection of affice and			
If amending the registered agent and/or registered office adding registered agent and/or the new registered office address.			
new registered agent and/or the new registered office address	ss:		
<u>new registered agent and/or the new registered office address</u> <u>Name of New Registered Agent</u> BRUNO SUARE	ss: Z		
Name of New Registered Agent Agent 7791 NW 46	ss:		
Name of New Registered Agent 7791 NW 46	ss: Z TH ST. #427		

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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>te Jones</u>	·
<u>X</u> Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change Add Remove	PRESIDENT	BRUNO SUAREZ	7791 NW 46TH ST #427 DORAL, FL 33166
2) Change Add Remove	VICE PRESIDENT	DAVID SALAZAR	7791 NW 46TH ST #427 DORAL, FL 33166
3) Change X Add Remove	VICE PRESIDENT	RAY LEVY	7791 NW 46TH ST #427 DORAL, FL 33166
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

(attach a	ling or adding add dditional sheets, if r	iecessary). (Be	specific)			
N/A						
		 				
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provisio	endment proyides ons for implementi not applicable, indic	ng the amendme	reclassification nt if not contai	n, or cancellation ned in the amend	of issued shares Iment itself:	1
V/A						
						···
 						

The date of each amendment(s) adoption: APRIL 9TH 2012 **APRIL 9TH 2012** (no more than 90 days after amendment file date) Adoption of Amendment(s) (CHECK ONE) ■ The amendment(s) was/were adopted 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 ☐ 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) **BRUNO SUAREZ** (Typed or printed name of person signing) **PRESIDENT** (Title of person signing)