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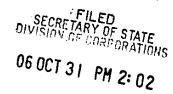
TO: Amendment Section Division of Corporations

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| NAME OF CORPORATION: MAYILY | N S. AGAMÍ OCCUPAT | IONAL THERAPY, IN |
|--|--|---|
| DOCUMENT NUMBER: POGOOOO | 34230 | <u></u> |
| The enclosed Articles of Amendment and fee | are submitted for filing. | |
| Please return all correspondence concerning th | is matter to the following: | |
| MARILYNS SHEE | e HLY | |
| (Name | of Contact Person) | |
| (F | irm/ Company) | |
| 1272 ALEXANDE | R BEND | |
| | (Address) | |
| WESTON, FL | 33327 State and Zip Code) | |
| For further information concerning this matter. | , please call: | |
| MAPILYN S. SHEEHU (Name of Contact Person) | at (954) 709 ~ | 6633 Felephone Number) |
| Enclosed is a check for the following amount: | | |
| \$35 Filing Fee \$\bigsquare \\$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 Tallahassee, FL 32314 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cir | cle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Macilyn S. AGAMI OCCUPATIONAL THEYAPY, INC.
(Name of corporation as currently filed with the Florida Dept. of State)

| P06000034230 |
|--|
| (Document number of corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: |
| NEW CORPORATE NAME (if changing): |
| Liffle Miracles Pediatric Therapy, Inc. (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 I - THE NAME OF THE CORPORATION IS |
| Little Miracles Pediatric Therapy, Inc. |
| AFTICLE Y - THE NAME AND FLORIDA STREET ADDRESS |
| OF THE rEGISTERED AGENT IS MARILYN S. SHEEHY, * |
| 1272 ALEXANDER BEND, WESTON, FL 33327. |
| AFTICLE VII - THE COMMON OFFICER and director |
| is MARILYN S. SHEEHY, PRESIDENT, 1272 ALCXANDER BENT (Attach additional pages if necessary) WESTON, FL 33327. |
| 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) |
| N/A |
| |
| |
| (continued) |

* SAMAR PROJECTAL

| The date of each amendment(s) adoption: OCT. 26, 2006 |
|---|
| Effective date if applicable: SAYY e (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) MATILY S. SHEEHY F/K/A MATILYN S. ASAMI (Typed or printed name of person signing) |
| (Typed or printed name of person signing) |
| president |
| (Title of person signing) |

FILING FEE: \$35

I, Marilyn S. Sheehy (formerly known as Marilyn S. Agami prior to my divorce) am familiar with the obligations of the registered agent. I am already the registered agent, but wish to continue in that capacity under my maiden name.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature of registered agent

10 · 26 · 06 Date