P08000081158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

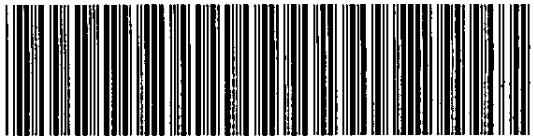
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Sent another check!
Returned $35 check
#1055

Office Use Only



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09/15/08--01043--023 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP 25 PM 3:13

Amend
10 9/30/08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Westchester professional health services INC

DOCUMENT NUMBER: P06000081158

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diana Sarmiento
(Name of Contact Person)

Westchester professional health services INC
(Firm/ Company)

7171 coral way suite 309
(Address)

miami FL 33155
(City/ State and Zip Code)

For further information concerning this matter, please call:

Diana Sarmiento at (305) 2694014
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $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)

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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2008

DIANA SARMIENTO
WESTCHESTER PROFESSIONAL HEALTH SERVICES
7171 SW 24 ST. #309
MIAMI, FL 33155

SUBJECT: WESTCHESTER PROFESSIONAL HEALTH SERVICES INC
Ref. Number: P06000081158

We have received your document for WESTCHESTER PROFESSIONAL HEALTH SERVICES INC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Photo copies are not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 208A00050488

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2008 SEP 25 AM 8:00
RECEIVED

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Articles of Amendment
to
Articles of Incorporation
of

Weschester professional health services INC
(Name of corporation as currently filed with the Florida Dept. of State)

P06 000081158
(Document number of corporation (if known)

FILED
08 SEP 25 PM 3:13
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE 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)

Delete Reg agent + office/director General Arnaldo Pres

Add Reg agent + office/director Diana Sarmiento

Keep same address

(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: 9/5/08

Effective date if applicable: Immediate.
(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)

Diana Saimiento
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: $35