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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DIVINE HEALTI	CARE, CORPORATION		
DOCUMENT NUME	BER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	ELOINA MARTINEZ			
		Name of Contact Perso	n	
	DIVINE HEALTH CARE, O	ORP.		
	<u> </u>	Firm' Company		
	106 B S.W. 27 AVENUE	Tuni Company		
	<del>-</del>	Address		
	MIAMI, FL 33135			
		City State and Zip Cod		
		·		
DIVI	NEHEALTHCARE@ LIVE.C			
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
ELOINA MARTINEZ	<u>'</u>	305	541-3728	
Name of Contact Person		at ( Area Co	) ode & Daytime Telephone Number	— .  
THE C	A CAMMICA P CLANAT	71124 ( )	and the confirmence of the confi	
Enclosed is a check for	r the following amount made	payable to the Florida Dep	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)	511 Hr 513
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clittor 2661 F	Address Iment Section on of Corporations i Building ixecutive Center Circle assee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

DIVINE HEALTH CARE, CORP. (Name of Corporation as currently filed with the Florida Dept. of State) P07000000748 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "PA" B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u>	John De	<u>)ç</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	VD		JOSEFA MARTINEZ	106 B SW 27 AVENUE
X Add				MIAMI, FL 33135
Remove				
2) Change				
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Panana.				

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an ame	ndment provides for a	<u>i exchange, reclas:</u>	<u>sification, or can</u>	<u>cellation of issuc</u>	d shares,	
<u>provisio</u>	ns for implementing the or applicable, indicate N	<u>: amendment if no</u>	t contained in th	e amendment its	<u>elf:</u>	
Cij n	н аррисане, тасае х	21)				
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The date of each amendment(s) adoption:	if other than th
5.30/17	
Effective date if applicable:  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this of document's effective date on the Department of State's records	late will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was were sufficient for approval.	(s)
☐ The amendment(s) was were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	aent
"The number of votes cast for the amendment(s) was were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was were adopted by the board of directors without shareholder action and sharehold action was not required.	ler
The amendment(s) was were adopted by the incorporators without shareholder action and shareholder action was not required.	
5.30/17 Dated	
Signature A Cuture  (1) 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 con appointed fiduciary by that fiduciary)	
JOSEFA MARTINEZ	
(Typed or printed name of person signing)	
VICE PRESIDENT	
(Title of person signing)	