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OCT 1 6 2009

EXAMINER

SECRETARY OF STAIL OF CORPORATION OF CORPORATION

## **LAZARUS**

## **CORPORATE FILING SERVICE**

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## ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

Embaiology the good Care Corp
P07000073760
(PRESENT NAME)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

Directors shall now read as follows:

Dolete: LUCIANA MARTIN COCTA
ADD: JOSE LUIS MARTIN AS F

NO UCT 16 BH 3: 57

New Registered Agent

JOSELVIS MARTIN 12501 SW 3457 HAMI FC 33175

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows.

THIRD: The date	of each amendment's adoption: $\frac{10/15/2009}{}$
L.	tion of Amendment(s) (check one)
	ent(s) was/were approved by the shareholders. The number of votes cast lment(s) was/were sufficient for approval.
☐ The amendme	ent(s) was/were approved by the shareholders through voting groups.
	e following statement must be separately for each ting group entitled to vote separately on each amendment(s):
	he number of votes cast for the amendment(s) was/were sufficient for
1	oproval by
	neut(s) was/were adopted by the board of directors without action and shareholder action was not required.
	nent(s) was/were adopted by the incorporators without shareholder hareholder action was not required.
Signed this	day of
Signature	(By the Chairman of Vice Chairman of the directors,
,	President or other officer if adopted by the shareholders)
	OR (By a director if adopted by the directors) OR
	(By an incorporator if adopted by the incorporators)
•	Jose Lois Martin
	Typed or printed name
	President
,	Title
corporation at	amed as registered agent and to accept service of process for the stated the place designated in this certificate, I hereby accept the appointment and agree to act in this capacity.
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Registered Agent Signature