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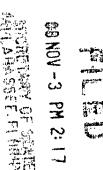
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Amend. 11/12/08 L

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION: <u>Acclaim Ho</u>	me Healthcare, Inc.			
DOCUMENT NU	MBER: <u>P07000088940</u>				
The enclosed Artic	cles of Amendment and fee ar	re submitted for filing.			
Please return all co	orrespondence concerning this	s matter to the following:			
		relvis Olivera of Contact Person)			
· —		ome Healthcare, Inc.			
	(FIII	m/ Company)			
·		(Address)			
		MI FL 33173 tate and Zip Code)			
For further inform	ation concerning this matter,	please call:			
Orelvis Olivera (Nam	e of Contact Person)		at (<u>786</u>) <u>263-3979</u> (Area Code & Daytime Telephone Number)		
Enclosed is a chec	k for the following amount m	nade payable to the Florida De	partment of State:		
☑\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 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 C			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ACCLAIM HOME HEALTHCARE, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P07000088940 (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:

The new name must be distinguishable an "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name ussociation," or the abbreviation "P.A."	"Inc.," or Co.,"	or the desig	nation "Corp," "Inc.	," or
3. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>				
Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE				
. If amending the registered agent and/or r new registered agent and/or the new regis			rida, enter the name	of th
			rida, enter the name	of th
new registered agent and/or the new regis	stered office addr			of th
Name of New Registered Agent:	stered office addr	ess:		

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) <u>Title</u> <u>Name</u> Address **Type of Action** 7713 SW 88 ST ☐ Add Ţ____ Gabriela F. Manzitti APT A101 Remove MIAMI FL 33156 P 7713 SW 88 ST Add Orelvis Olivera APT A101 ☐ Remove MIAMI FL 33156 ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) N/A F. 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: (if not applicable, indicate N/A) Remove Gabriela F. Manzitti as 50% ownership and Treasurer Add/Transfer 50% shares to Conrado Roblejo-Aguilera (Vice-President)

The date of each a	mendment	(s) adoption: <u>10/18/2008</u>			
Effective date if applicable:		10/18/2008			
		(no more than 90 days after amendment file date)			
Adoption of Amen	dment(s)	(CHECK ONE)			
		re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.			
		re approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):			
"The numb	er of votes	cast for the amendment(s) was/were sufficient for approval			
by		(voting group)			
The amendmen action was not		re adopted by the board of directors without shareholder action and shareholder			
The amendmen action was not		re adopted by the incorporators without shareholder action and shareholder			
	Dated 10/1	8/2008 Overo			
`		octed, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)			
		Orelvis Olivera (Typed or printed name of person signing)			
		President			
		(Title of person signing)			