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E.Roberts | APR 0 1 2008

Florida Department of State Division of Corporations Amendment Section P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed the paperwork and fee required to file an amendment to our corporation's legal business name.

Currently, our legal corporation name is Beatriz Home Care, Inc. The current fictitious name is Beatriz Home Health Care, Inc.

We have decided to cancel the fictitious name, and amend the legal corporation name to Beatriz Home Health Care, Inc. We have filed all documentation with the Florida Department of State required to make these changes.

If you have any questions or concerns regarding this matter, please contact Karen Farley at (561) 339-8989. Please return all correspondence regarding this matter to 12159 SW 132nd Ct., Suite 103, Miami, FL 33186. Thank you.

Hunto

President/

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Beath	iz Home Care	e, Inc.
DOCUMENT NUMBER: PO 4000	590740	
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
VladimiR (Name of	Pupo (Contact Person)	*****
Beatriz to	me Hearth Car	e,Inc.
12159 SW 13	2nd Ct. Suite	2103
Miami, FL (City/ Sta	33184 ute and Zip Code)	
For further information concerning this matter, p	olease call:	
Kaken Fakky (Name of Contact Person)	at (<u>5/01</u>)339-	8989 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 Cir Tallahassee, FL 32301	cle

Articles of Amendment to Articles of Incorporation of Beatriz Home Case, The Third Amin is (Name of corporation as currently filed with the Florida Dept. of State) POTOMOGO STATE POTOMOGO STATE (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:

NEW CORPORATE NAME (if changing):
Beatriz Home Health Care, 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)
(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: 03/21/2008
Effective date if applicable: 03/21/2008 (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 of 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) Vladimik Pupo
(Typed or printed name of person signing)
President
(Title of person signing)

FILING FEE: \$35