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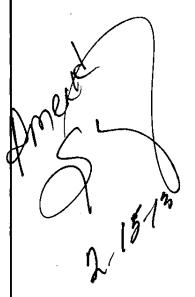
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TALLAHASSEE, FLORID

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Gomez Fa	mily Care, Inc.		
DOCUMENT NUMB	ER: P0800009204	ł0		
	of Amendment and fee are su			
Please return all corres	pondence concerning this ma	tter to the following:		
	Jose R Gomez			
-		Name of Contact Perso	<u> </u>	_
	Gomez Family C	are, Inc.		
-		Firm/ Company		_
	2535 NW North F	River Drive		
-		Address		_
	Miami, FL 33125	5		
-	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	e	_
aon	nezfamilycare@c	omcast.net		
<u> </u>		sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Dulce Gomez	:	at (305	, <u>400-8572</u>	
Name o	f Contact Person	Area Co	de & Daytime Telephone Numb	er
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 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			Address	
	idment Section ion of Corporations		lment Section on of Corporations	
	Box 6327		Building	
Talla	hassee, FL 32314	2661 E	xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



Gomez Family Care, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

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ment(s) to

(Document Numb	ber of Corporation (if known))	
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this <i>Florida</i> a	Profit Corporation adopts the following	amendme
A. If amending name, enter the new name of t	the corporation:		
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	Corp," "Inc," or "Co". A		
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	F ROX)		
(manning address MAT BL AT OUT OF ITE.			
D. If amending the registered agent and/or re		lorida, enter the name of the	
new registered agent and/or the new regist	_		
Name of New_Registered Agent			
	(Florida street addres	ee1	
	•		
New Registered Office Address:	(City)	, Florida (Zip Code)	
		• •	
New Registered Agent's Signature, if changing			
I hereby accept the appointment as registered ag	ent. I am familiar with and i	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 <math>PTD.

Changes should be noted in the following manner. Currently John Doe 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 Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jone	<u>s</u>	
_X Add	<u>sv</u>	Sally Smit	<u>h</u>	
Type of Action (Check One)	<u>Title</u>	<u>N</u>	lame	Address
1) Change	S	[Dulce Gomez	2535 NW North River Drive
X Add				Miami, FL 33125
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	-			
Add				
Remove				-
δ) Change		<u> </u>		
Add				
Damove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exchaprovisions for implementing the amer (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) ad	doption:
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder
action was not required.	pied by the incorporators without shareholder action and shareholder
Dated Februa	la de la constantia del constantia del constantia del constantia del constantia del constan
selected	rector, president or other officer if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary
U.	Jose R. Gomez, Jr. (Typed or printed name of person signing)
	Vice President
-	(Title of person signing)