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To:

Division of Corporations

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COR AMND/RESTATE/CORRECT OR O/D RESIGN MIRACLE HEALTH SERVICES INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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16 HOY 22 PY 2: 14

TO: Amendment Section

H16000286843 3

COVER LETTER

Division of Corporations MIRACLE HEALTH SERVICES INC NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LIZI ROCHE Name of Contact Person MIRACLE HEALTH SERVICES INC Firm/ Company 8660 W FLAGLER ST STE 203 Address MIAMI, FL 33144 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LIZI ROCHE Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Taliahassee, FL 32301

H16000 486843 3

Articles of Amendment to Articles of Incorporation of

MIRACLE HEALTH SERVICES INC						
(Name of C	Corporation as currentl	y filed with the Florida	a Dept. of State)			
P09000047768		·			,	
	(Document Number of	f Corporation (if known))			
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this	Florida Profit Corpora	tion adopts the fol	llowing am	endme	ent(s)
A. If amending name, enter the new name	of the corporation:					
N/A				The	: пен	ט
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designati word "chartered," "professional association	on "Corp," "Inc," or "	Co". A professional c	ncorporated" or orporation name	the abbre	viation	1
• •		N/A		. 1	د م	
B. Enter new principal office address, if applicable; (Principal office address <u>MUST BE A STREET ADDRESS</u>)				- 13 (A)		
				EASS.	122	FIL
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF	ble: FICE BOX)	N/A		Fig.	7.5. 6:	ED
				河南	<u>-</u> 5	
D. If amending the registered agent and/o	or registered office add	ress in Florida, enter tl	he name of the			
new registered agent and/or the new r	. -	<u>s:</u>				
Name of New Registered Agent	/A ·	· · · · · · · · · · · · · · · · · · ·				
~	(Florida str	eet address)				
New Registered Office Address:			, Florida			
		(City)		(Zip Code)	,	
New Registered Agent's Signature, if chal I hereby accept the appointment as registere	nging Registered Agent	twith and accept the obli-	antions of the nos	ition		
a rea very moveps one upper amount do regione o	ngwini - z wirijwiissa i	rrain was some some proper are see COIs	6			
	Signature of New L	Registered Agent if char	 oina			

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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.

X Change	<u>PT</u>	John Do	<u>xe</u> .	
X Remove	. Y	Mike Jo	ones	•
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	VP	_	DAYAMI SERPA	8660 W FLAGLER ST STE 203
Add				MIAMI, FL 33144
X Remove				· · · · · · · · · · · · · · · · · · ·
2) Change		_		<u> </u>
Add			•	
Remove				
3) Change	•			
Add				
Remove				
4) Change				_
Add				
Remove				
5)Change			·	
Add				
Remove				
6) Change		 		<u> </u>
Add				
Remove				

Page 2 of 4

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If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)							
I/A							
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If an amend provisions (if not a	lment provides for an ex for implementing the an applicable, indicate N/A)	chauge, reclassification, or one andment if not contained in	cancellation of issued shar the amendment itself:	es.			
		·					
							
) . ABMB/// PP . W			
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Interest of each amendment(s) adoption: 11/21/2016	11/22/2016	01:59PM	3054773510	H (BOOKE & BO = 13 3	PAG.	Ø6/Ø6
1/21/2016 (no more than 90 days after amendment file date)			t(s) adoption:	1/2016	_ if other	than the
Note: If the date inserted in this block does not meet the applicable stanutory filing requirements, this date will not be listed as a focument's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted 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		_	11/21/2016		······································	
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"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 or 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) LIZI ROCHE (Typed or printed name of person signing)					:	
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			LIZI ROCHI	3		
				yped or printed name of person signing)		
PRESIDENT			PRESIDENT	•		

(Title of person signing)