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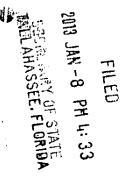
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COVER LETTER

Division of Corporations				
NAME OF CORPORATION: Caribe Health Center An				
DOCUMENT NUMBER: 109 000 543 50				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Ana Dominguez				
Caribe Health Center du				
Firm/ Company				
5101 NorTH Armenia Ave +B				
Address $+70000115 \times 32503$				
City/ State and Zip Code				
1) / 0 ~				
E-mail address: (to be used for future annual report notification)				
D-mail battless, (et de tises foi fatale animali report notification)				
For further information concerning this matter, please call:				
Ana Dominguez at 813, 873 1392				
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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Malling Address Amendment Section Division of Corporations Street Address Amendment Section Division of Corporations				

P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation filed with the Florida Dept. of State) (Name of Corporation as currer BECKETARY OF STATE TALLAHASSEE, FLORIDA (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: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent—Lam familiar with and 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 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	PT John Doe	•
X Remove	Y Mike Jones	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)	Title Name	Address
1) Change	P Dominguez, Ana	4812 Norn+Habana Ave Tampa, Fi 33614
Add	V	<u>Tampa, n. 33614</u>
2)Change	P Dominguez, Ana	5101 North Armenia Ave Suite B
Remove		Tampa ft 33503
3) Change		
Remove		
4) Change		
Add		
5) Change	was a realist of the second of	
Add		
Remove		
6) Change		· <u></u>
Add		
Remove		

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)

If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nauge, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: 12/30/12 Effective date if applicable: 12/30/12
(no more than 90 days after amendment file date)
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" (voting group)
(voiing 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.
Dated
Signature + OS
(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)
Ana Dominguez
(Typed or printed name of person rigning)
president
(Title of person signing)

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