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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Reliable Health Care, Inc. DOCUMENT NUMBER: P09000074545 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: William(Billy) G Harrison, Sole Owner, President Name of Contact Person Reliable Health Care, Inc. Firm/ Company 2575 Kurt Street, Suite 104 Address **Eustis, FL 32726** City/ State and Zip Code rhcptoffl@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: William(Billy) G Harrison, Sole Owner at (321 287-0466 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 Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Tellable Health Care, III			_
-	s currently filed with the F	lorida Dept. of State)	
P09000074545			_
(Docume	nt Number of Corporation (i	f known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
	nation "Corp," "Inc," or "	n," "company," or "incorporated" or the a Co". A professional corporation name must P.A."	bbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		2575 Kurt Street	
		Suite 104	
		Eustis, FL 32726	<i>,</i> -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2575 Kurt Street	
		Suite 104	, _
		Eustis, FL 32726	•
D. If amending the registered agent an	d/or registered office addr	ess in Florida, enter the name of the	
new registered agent and/or the new	v registered office address:	<u> </u>	
Name of New Registered Agent	N/A		
	(Florida stre	eel address)	
New Registered Office Address:	N/A	, Florida	· -
	(City)	(Zip Code)	and And Carrier
New Registered Agent's Signature, if classifier the Agent's Signature, if classifier		with and accept the obligations of the position.	13 m
N	A		Z O
Si	nature of New Registered A	gent, if changing	ှ ယူ

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	<u>PT</u>	John Doe	•		
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	Owne	William(Billy) G Harrison	2575 Kurt Street		
Add			Suite 104		
Remove			Eustis, FL 32726		
2) Change		N/A			
Add					
Remove					
3) Change		N/A			
Add					
Remove					
4) Change		N/A			
Add					
Remove					
5) Change		N/A			
Add					
Remove					
6) Change		N/A			
Add					
Remove					

E. <u>If ame</u> (Attacl	ending or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
	ticle to Declare William(Billy) G Harrison as the Sole Owner of Reliable Health
Care, I	nc. at the principal address of 2575 Kurt Street, Eustis, FL 32726.
• • • • • • • • • • • • • • • • • • • •	
	
	
 	
If an a	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself:
(į)	fnot applicable, indicate N/A)
/A	
	
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	if other than the
date this document was signed.	
Effective date if applicable:	
(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)	
(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.	
Dated 07/23/2014	
Signature William Bills I James Sole Duys R. (By a director, president of other officer – if directors or officers have not been	-sident
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
appointed inductary by that inductary)	
William(Billy) G Harrison	
(Typed or printed name of person signing)	
Sole Owner, President	
(Title of person signing)	