· P10000003092

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: TREATMEN	T & SOLUTIONS C	CARE CENTER,INC
DOCUMENT NUMBER	P100000309	2	
The enclosed Articles of A			
Please return all correspond	dence concerning this ma	tter to the following:	
LU	JIS M. MOLINA	.	
TF	REATMENT &	Name of Contact Person	ARE CENTER,INC
15	736 SW 50 TE	Firm/ Company ERRACE	
MI	AMI,FL 33185	Address	
		City/ State and Zip Code	2
ACOT	AX44@YAHO	O.COM	
	E-mail address: (to be us	ed for future annual report	notification)
For further information con	cerning this matter, pleas	e call:	
LUIS M. MOLINA		at (786	, 294-2772
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for the	following amount made p	payable to the Florida Depa	artment of State:
■ \$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		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

REATMENT & SOLUTIONS CARE CENTER,INC

(Name of Corporation as currently filed with the	Florida Dept. of State)
P1000003092	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporate" ("Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
	SAME · PERS
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)	SAME SAME
	∑m; 7
D. If amending the registered agent and/or registered office ad	
new registered agent and/or the new registered office addre	•
Name of New Registered Agent LUIS M. MOLIN	NA
15736 SW 50	TERRACE
(Florida s	street address)
New Registered Office Address: MIAMI	, Florida 33185
· (Cit	ty) (Zip Code)
Non-Dorlate of Association (Const.)	
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent am familia.	nt: with and accept the obligations of the position.
Why	
Signature of New Registered	d 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	<u>PT</u>	John Doe	·
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	. <u>Addres</u> s
1) Change	Р	YAUMARA MOLINA	15736 SW 50 TERRACE
Add X Remove			MIAMI,FL 33185
2) Change Add	Р	LUIS M. MOLINA	15736 SW 50 TERRACE MIAMI,FL 33185
Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add			
Remove			
6) Change Add Remove			

•	E/04/0040
The date of each amendment((s) adoption: 5/31/2012
Effective date <u>if applicable</u> :	IMMEDIATE
Enective date <u>in applicable</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	e approved by the shareholders through voting groups. The following statement d 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} 100.00 %	
	(voting group)
action was not required.	e adopted by the board of directors without shareholder action and shareholder e adopted by the incorporators without shareholder action and shareholder
Dated 5/3' Signature(B	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	LUIS M. MOLINA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)