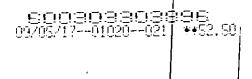
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(Re	equestor's Name)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 13, 2017

MIGUEL SAN PEDRO, ESQ. GENERAL COUNSEL FLORIDA HEALTH SOLUTION 7350 NW 7 STREET #204 MIAMI, FL 33126

SUBJECT: FLORIDA HEALTH SOLUTION CENTER INC

Ref. Number: P10000035445

We have received your document for FLORIDA HEALTH SOLUTION CENTER INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P13000091104 - FLORIDA HEALTH CENTER INC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 417A00018658

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of

orida Health Solution Center Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
orida Health Solution Center Inc.
(Document Number of Corporation (if known)
arsuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to Articles of Incorporation:
orida Health Center Inc. Casa Del Socience "CDS" Clivic Corporation
una 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 and "chartered," "professional association," or the abbreviation "P.A."
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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
(Florida street address)
New Registered Office Address:, Florida
ew Registered Agent's Signature, if changing Registered Agent: sereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

held. President, Treasurer, Director would be PTD.

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 sheats, 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: CFO = Chief
Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officer hold. Persident Transport Prince 111 PTD

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

X Change	<u>PT</u>	John Doe	
\underline{X} Remove	$\underline{\mathbf{v}}$	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		-	
Add			
Remove			
2) Change			
Add			1
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
ő) Change			
Add			
Remove			

•					
E. If amending or adding additional Articles, (Attach additional sheets, if necessary). (Be	enter change(s) he				
The shareholderes of Florida Health Soution Cer	iter Inc voted to amo	and the compnay b	y laws by changing	the exiting name	
of the company to Florida Health Centers Inc.	CASA	De 15	y laws by changing OCORRO AGE	"CD5"	Change
changed name is Casa Del Socorro		Corp.			79
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If an amendment provides for an exchange,	reclassification, or	cancellation of is	ssued shares.		
provisions for implementing the amendme (if not applicable, indicate N/A)	nt it not contained	in the amendmen	t itself:		
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	-	·			-

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	August 29, 2017 .	
The date of each amendment(s) date this document was signed.	adoption:	if other than th
At At	igust 29, 2017	\
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	ļ
	(voting group)	}
action was not required. □ The amendment(s) was/were a	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	
action was not required.		
August 3 Dated	0, 2017	
Signature		1
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Marcos P. Socorro	
	(Typed or printed name of person signing)	
	President and CEO.	
	(Title of person signing)	