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SECRETARY OF SESSION OF THE SESSION

OCT 19 2015

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ES REHAB PROFESSIONAL CENTER, INC						
DOCUMENT NUM						
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	MIGUEL M PADRON					
		Name of Contact Person	1			
	ES REHAB PROFESSIONAL CENTER, INC					
		Firm/ Company				
	5600 SW 135 TH AVENU	E STE 112				
	Address					
	MIAMI, FLORIDA 33183					
		City/ State and Zip Cod	e			
esrel	nab@yahoo.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information concerning this matter, please call:						
MIGUEL M PADRO	И	at (786	536-6196			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	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)			
Ma	iling Address	Street	Address			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



ES REHAB PROFESSIONAL CENTER INC

15 OCT 16 AH 7: 45

of Corporation (if known) s Florida Profit Corporation adopts the following amendment(s) to
The new ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
The new ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
dress in Florida, enter the name of the ss:
treet address)
, Florida 33165
(City) (Zip Code)

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>	<u>Name</u>	<u>Addres</u> s			
1) Change	P	ODALYS PADRON	5600 SW 135 AVE STE 112			
Add			MIAMI ,FLORIDA 33183			
X Remove						
2) X Change	<u>P</u> .	MIGUEL M PADRON	5600 SW 135 AVE STE 112			
Add			MIAMI ,FLORIDA 33183			
Remove						
3) Change		_				
Add						
Remove						
4) Change		<u> </u>				
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

		If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)						
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an amendment p	rovides for an o	exchange, recla	ssification, or c	ancellation of i	ssued shares,			
<u>rovisions for imp</u>	<u>lementing the a</u>	ame <u>ndme</u> nt if n	ssification, or c	ancellation of i	ssued shares, it itself:			
<u>rovisions for imp</u>	rovides for an objection the sole, indicate N/A	ame <u>ndme</u> nt if n	ssification, or contained in	ancellation of the amendmen	ssued shares, at itself:			
<u>rovisions for imp</u>	<u>lementing the a</u>	ame <u>ndme</u> nt if n	ssification, or c lot contained in	ancellation of the amendmer	ssued shares, tt itself:			
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an amendment p rovisions for imp (if not applicat	<u>lementing the a</u>	ame <u>ndme</u> nt if n	ssification, or coot contained in	ancellation of the amendmen	ssued shares, it itself:			

			ELLI YEATHWARE	Aliana Marana
The date of each amendment(s) a date this document was signed.	doption:		OWITH IT	f other than the
	ó1/2015 [°]		45 00T 16	AM 7.1.5
Effective date if applicable:			15 OCT 16	AM 1.43
	(no more than 90 days o	nfter amendment file date)		
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statepartment of State's records.	atutory filing requirements,	this date will not	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
☐ The amendment(s) was/were adby the shareholders was/were so	opted by the shareholders. The numbe ufficient for approval.	r of votes east for the amend	dment(s)	
	proved by the shareholders through vol reach voting group entitled to vote sep			
"The number of votes cast	for the amendment(s) was/were suffic	ent for approval		
by		, 17		
	(voting group)			
The amendment(s) was/were adaction was not required.	opted by the board of directors without	shareholder action and sha	reholder	
The amendment(s) was/were addaction was not required.	opted by the incorporators without shar	eholder action and shareho	lder	
10/01/201	5			
DatedSignature	- 	General	f.	
selecte	director, president or other officer – if of odd, by an incorporator – if in the hands atted fiduciary by that fiduciary)			
	MIGUEL M PADRON	ODALYS PADRO	N	
	(Typed or printed name of	person signing)		- 11-11-11
	VICE PRESIDENT	PRESIDENT		
	(Title of perso	n signing)		