P10000103298

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SECRETARY OF STATE

JUN 0 6 2013
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TO: Amendment Section Division of Corporations

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NAME OF CODDODATION.		
DOCUMENT NUMBER: P10000103	3298	
The enclosed Articles of Amendment and fee are so	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
YUELSIS ACC	OSTA	
M.Q. HEALTH	Name of Contact Person	E GROUP, INC
330 SW 27TH	Firm/ Company AVE # 504	
MIAMI, FL 331	Address	
	City/ State and Zip Cod	е
IME8@MQHEAL		
E-mail address: (to be u	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
YUELSIS ACOSTA	_{at (} 786	,468-3034
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

YUELSIS ACOSTA			
(Name of Corporation as curren	itly filed with the Florida D	ept. of State)	•
P10000103298			
(Document Numb	per of Corporation (if known)		•
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statutes, this Florida	Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of t	he corporation:		
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "			
word "chartered," "professional association," o			
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET)			-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			· -
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent			
	(Florida street addres	(22)	
New Posters 100 All	t in the survey of	·	
New Registered Office Address:	(Citv)	, Florida(Zip Code)	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am 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 <math>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	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	MOISES ACOSTA	330 SW 27TH AVE # 504
X			MIAMI, FL 33135
Remove			
2) Change		.	
Add			
Remove			
3) Change			
Add			
Remove			<u></u>
4) Change			
Add			
Remove			
5) Change	****		
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
an amendment provides for an exchorovisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
UI NOI ADDUCADIE. INAICAIE IVAI	
(ij not applicable, indicate WA)	
(y not applicable, indicate WA)	
(y not applicable, indicale N/A)	
(l) not applicable, indicate N/A)	
(l) not applicable, indicate N/A)	
(y not applicable, indicale N/A)	
(t) not applicable, indicate N/A)	

The date of each amendment(s) adoption: 05/01/3013
Effective date if applicable: 05/01/2013
(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
☐ 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 05/01/2013
SignatureGao. G
(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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
(Title of person signing)
(Title of person signing)