# P11000010920

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: THE LAKE	S HEALTH INVESTMENT GROUP INC
DOCUMENT NUMBER: P11000010920	)
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
JUAN CASTRO	
Name o	of Contact Person
	INVESTMENT GROUP INC
12723 NW 18 CT	III/ Company
	Address
PEMBROKE PINES	FI 33028
	tate and Zip Code
iea@att.net	
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter,	please call;
JUAN CASTRO	at ( 954 ) 5408907
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount m	nade payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 15, 2011

JUAN CASTRO 12723 NW 18 CT PEMBROKE PINES, FL 33028

SUBJECT: THE LAKES HEALTH INVESTMENT GROUP, INC

Ref. Number: P11000010920

We have received your document for THE LAKES HEALTH INVESTMENT GROUP, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

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) 245-6957.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 511A00025811

Please be advised that ALL amendments

the dates of Adoption have now been Jucluded

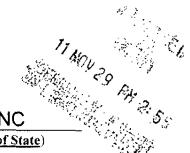
thanks for your cooperation

8 50 May Castro

8 70 May Castro

8 70 May Castro

### Articles of Amendment to Articles of Incorporation of



# THE LAKES HEALTH INVESTMENT GROUP INC

(Name of Corporation as currently filed with the Florida Dept. of State)

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position.

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

he new name must he distinguishable incorporated" or the abbreviation "Cor Co". A professional corporation sessional corporation "P.A."	p., " "Inc., " or Co.,	" or the designation "C	Corp." "Inc," or	
. Enter new principal office address, if	applicable:	12723 NW 18 CT, PEMBROKE PINES		
Principal office address MUST BE A ST	REET ADDRESS )	PEMBROKE PINE	S, FL 33028	
		08-30-	2011	
. Enter new mailing address, if application (Mailing address MAY BE A POST O	FFICE BOX)	address in Florida onto	w the name of th	
	FFICE BOX) or registered office		r the name of th	
(Mailing address MAY BE A POST O	FFICE BOX) or registered office	ress:	r the name of th	
(Mailing address MAY BE A POST Of the new registered agent and/or the new page 15 of the	FFICE BOX) or registered office registered office add	ress:	-	
(Mailing address MAY BE A POST Of the new registered agent and/or the new page 15 of the	or registered office registered office add  JUAN CAST  12723 NW 18 C	ress: RO	-	
(Mailing address MAY BE A POST Of Mailing ADDRESS MAILING ADDRESS MAILING ADDRESS MAILING ADDRESS M	or registered office registered office add  JUAN CAST  12723 NW 18 C	ress: RO ET, PEMBROKE PINES da street address)	-	

Signature of New Registered Agent, if changing

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them

on an àdditional sheet.)

Title(s)	<u>Name</u>	-	Address
1) <u>P</u>	JUAN CASTRO	FLORIDA.	33028 - 30 - 11
2) <u>VP</u>	MARIA C DE LEON	12723 N FLORIDA, 3	W 18 CT, PEMBROKE PINES
3) <u>T</u>	ADALGIZA DE LEON	12723 N\	N 18 CT, PEMBROKE PINES 33028 - 30-11
4)			
5)			
6)			
If REMOVIN removed:	G an officer and/or director, please	list the title(s) and	I name of the officer/director to be
Title(s)	<u>Name</u>	Title(s)	<u>Name</u>
1)	<del></del>	4)	
2)		5)	
3)		6)	

(a <i>ttach</i> ARTICLE II	addition	al sheet NNCIPAL	s, if nece PLACE C	<i>essary).</i> DF BUSII	(Be s	pecific) 2723 NW 1	B CT, PEN	IBROKE I	PINES FL	33028	
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The date of each amendment(  Effective date <u>if applicable</u> :	08/30/201 1 <sup>date of adoption - required)</sup>
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were sufficient for approval
by	<b>,"</b>
	(voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated 0	8-30-2011
(By selec	S-30-9011  Lean F Cauto  a director, president or other officer - if directors or officers have not been cted, by an incorporator - if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	PRESIDENT/(MEORPORATOR