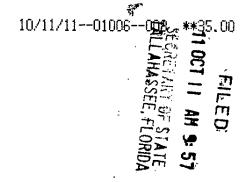
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·	
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Miracle Hands Rehabilitation Conter Inc
DOCUMENT NUMBER: P11000084245
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rey Cabrera Name of Contact Person
Pirm/ Company
8494 SW 8th Street Address
Miami, FL 33144 City/ State and Zip Code
healinghandsrehabilitation Quahoo. Com E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call: Rey Cabrera at (305) 266-7710
Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & Certificate of Status \$\b
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

Miracle Han	ids Kehabilitation Lenter Inc.
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P11 0000848	245
(Document Numl	per of Corporation (if known)
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	, Florida Statutes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of	the corporation:
VIA	The new
abbreviation "Corp.," "Inc.," or Co.," or the c	de word "corporation," "company," or "incorporated" or the designation "Corp," "Inc," or "Co". A professional corporation essional association," or the abbreviation "P.A."
B. Enter new principal office address, if appli	
(Principal office address <u>MUST BE A STREET</u>	(ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX) VA
D. If amending the registered agent and/or re new registered agent and/or the new regist	gistered office address in Florida, enter the name of the series address:
Name of New Registered Agent:	N/A SSEE D
<u>New Registered Office Address:</u>	(Florida street address)
	NA Florida FA 5
_	(City) (Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:
	ent. I am familiar with and accept the obligations of the position.
	NA
Sig	gnature 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)

Title	Name	Address	Type of Action
VP	Jose A. Diaz	5805 Sw 8 street Miami, FL 33144	☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
	g or adding additional Articles, enter chional sheets, if necessary). (Be specific		
	dment provides for an exchange, reclas for implementing the amendment if no		
	pplicable, indicate N/A)		
	NA		

The date of each amendment(s) ac	deption: October 05th 2011
Effective date if applicable:	(date of adoption is required) October 05th 2011
	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval
by	ing group)
(voti	ng group)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated Octob	ner 05th, 2011
SignatureX (By a dir selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diffduciary by that fiduciary)
арроппес	i fiduciary by that fiduciary)
	Janiel Ruiz
	(Typed or printed name of person signing)
	President
	(Title of person signing)