P110000 84245

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Coomso 2mm, manne, |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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T. CAULEY

COVER LETTER

| TO: Amendment Section Division of Corporations | \ |
|--|---|
| NAME OF CORPORATION: Miracle | Hand's Rehabilitation Center Inc |
| DOCUMENT NUMBER: P110000 | 84245 |
| The enclosed Articles of Amendment and fee are sul | bmitted for filing. |
| Please return all correspondence concerning this mat | iter to the following: |
| Re | ey Cabrera |
| | Name of Contact Person |
| • | Firm/ Company |
| 8494 | Sw 8th Street |
| Miami, F | Address L 33144 City/ State and Zip Code |
| Reinold Cabrer E-mail address: (to be us | asa uanoo. Com ed for fature ahnual report notification) |
| For further information concerning this matter, pleas | e call: |
| Rey Cabrera | at (786) 277-7662 |
| Name of Contact Person | Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made p | payable to the Florida Department of State: |
| \$35 Filing Fee \$\sum \\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & □\$52.50 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 | Street Address Amendment Section Division of Corporations Clifton Building |

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

| Miracle Hand's Rehabi | ilitation Center Inc, |
|---|--|
| (Name of Corporation as currently filed with the Flor P 1100084245 (Document Number of Corporation (if k | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatitical Articles</i> of Incorporation: | |
| A. If amending name, enter the new name of the corporation: Miracle Hand's Rehabilitation name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P. | o". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | 5805 500 8th Street Miami, FL 33144 |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | 5805 SW 8th Street Miami, FL 33144 |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent Name of New Registered Agent | Diaz -3 AH |
| New Registered Office Address: Migmi (City) | address) Florida 33144 (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as fegistered agent. I am familiar with Signature of New Registered Age | ລ |

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 | PT | John Doe | TAL 12 |
|-------------------------------|------------------|-----------------|---|
| X Remove | <u>V</u> | Mike Jones | CRET LATE AUG |
| X Add | <u>sv</u> | Sally Smith | -3 ASE |
| Type of Action (Check One) | Title | Name | Δddress A H H S |
| l) Change | P | Janiel Ruiz | 5805 Sw 8th Street |
| Add | | | Miami, FL 33144 |
| Remove | | 1 | |
| 2) Change | P | Vicente M. Digz | 5805 SW 8th Street |
| Add | | | Miami, FL 33144 |
| Remove | | | |
| 3)Change | P/A | N/A_ | — VA |
| Add | | | |
| Remove | | | |
| 4) Change | V/A | Y IA | V/A |
| Add | • | · | ····· |
| Remove | | | · |
| 5) Change | _P/A_ | <u> </u> | NIA |
| Add | -P/11 | | |
| Add | | | , |
| Konove | | 1 | 1 |
| 6) Change | Y/A | YA | <u> </u> |
| Add | | | - I - I - I - I - I - I - I - I - I - I |
| Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | |
|--|--------------------------|
| NIA | |
| | |
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| | |
| NA | |
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| N/A | |
| | SECRE ALLAB 12 AUG |
| | — -3 SAT |
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| | 8: 56 |
| N/A | O IDA |
| | |
| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: | |
| (if not applicable, indicate N/A) | |
| 1×/H | |
| | |
| N/A | _ |
| | |
| | |
| N/A | |
| | |

| The date of each amendment(s) adop | ption: July 23", 2012 | ····· | |
|--|--|---------------|-----------------|
| Effective date <u>if applicable</u> : | July 23rd, 2012 | | |
| | (no more than 90 days after amendment file date) | | |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | | |
| The amendment(s) was/were adopted by the shareholders was/were sufficiently. | ed by the shareholders. The number of votes cast for the amendment(s) cient for approval. |) | |
| | ved by the shareholders through voting groups. The following statement och voting group entitled to vote separately on the amendment(s): | nt | |
| | the amendment(s) was/were sufficient for approval | <u>-</u> - | Āς |
| by | (voling group) | AUG | LL A |
| | (voling group) | <u>.</u> | TAS |
| ☐ The amendment(s) was/were adopte action was not required. | ed by the board of directors without shareholder action and shareholder | r <u>=</u> | RY OF |
| ☐ The amendment(s) was/were adopte action was not required. | ed by the incorporators without shareholder action and shareholder | 8: 56 | STATE LORIDA |
| Dated July | 23 rd 2012 | | |
| Signature | ctor, president or other officer - if directors or officers have not been | | |
| selected, l | by an incorporator Win the hands of a receiver, trustee, or other court | t - | |
| appointed | fiduciary by that fiduciary) | | |
| | Vicente M. Diaz | | |
| _ | (Typed or printed name of person signing) | | |
| | President | | |
| | (Title of person signing) | | |