## P1100096949

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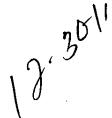
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## **COVER LETTER**

:

TO: Amendment Section • Division of Corporations

NAME OF CORPORATION: Exceptional Treatment Home Care, Inc.
DOCUMENT NUMBER: P11000096949
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jose C Ibarra
Name of Contact Person
Exceptional Treatment Home Care, Inc
Firm/ Company
1414 NW 107 Ave suite: 409
Address
Miami, FL 33172
City/ State and Zip Code
jcisys@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jose C Ibarra at (786) 201-7390
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 Certificate of Status Certified Copy Certificate of Status (Additional Copy is Certified Copy is enclosed)  \$43.75 Filing Fee & \$\sumsymbox \sumsymbol{\text{\$43.75}}\$ Filing Fee & \$\text{\$
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

## Exceptional Treatment Home Care, Inc.

	Articles of In				
Exceptional Treatment H	ه Home Care, Inc.	T			and do
	currently filed with the	Florida Dept. of S	itate)		The state of the s
P11000096949				等3.5	
(Docume	nt Number of Corporation	(if known)	<del></del>		星
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Co	prporation adopts the	e following amendm	ent(s)pp
A. If amending name, enter the new na	ame of the corporation:	•			•
N/A				The ne	w
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the desigr word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A profession		or the abbreviation	n
B. Enter new principal office address, (Principal office address MUST BE A S		N/A			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	i <u>cable:</u> OFFICE BOX)	N/A			
D. If amending the registered agent an new registered agent and/or the new	w registered office addres		nter the name of th	<u>e</u>	
Name of New Registered Agent	N/A				
	(Florida st	reet address)	<del></del>		
New Registered Office Address:			, Florida		
	(City	) -	(Zip	(Code)	
New Registered Agent's Signature, if c	hanging Registered Agen	<u>t:</u>			
I hereby accept the appointment as regist	ered agent. I am familiar	with and accept th	e obligations of the	position.	
Si	anature of New Registered	Agent if changing	<del></del>		

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 Jo	ohn Doe	
X Remove	· <u>V</u> <u>M</u>	like Jones	
X Add	<u>SV</u> <u>S</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change Add Remove	P	Jose C. Ibarra	14161 SW 40 Ter Miami, FL 33175
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove		· · · · · · · · · · · · · · · · · · ·	
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) (attach additional sheets, if necessary). (Be specific)	·
N/A	
	•
	· · · · · · · · · · · · · · · · · · ·
**************************************	
77	
F. If an amendment provides for an exchange, reclassification provisions for implementing the amendment if not contact (if not applicable, indicate N/A)  N/A	on, or cancellation of issued shares, ined in the amendment itself:
	,
174 10 V - 174 + 11 -	· · · · · · · · · · · · · · · · · · ·
	;

The date of each amendment(s) adoption:	12/28/2011
Effective date <u>if applicable</u> : 12/28/20	011
anceire date in application.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	CHECK ONE)
☐ The amendment(s) was/were adopted by t by the shareholders was/were sufficient for	the shareholders. The number of votes cast for the amendment(s) or approval.
☐ The amendment(s) was/were approved by must be separately provided for each vot	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):
"The number of votes cast for the ar	mendment(s) was/were sufficient for approval
by	
(	voting group)
☐ The amendment(s) was/were adopted by t action was not required.	the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by t action was not required.	the incorporators without shareholder action and shareholder
Dated 12/25/2011	och-
(By a director, p selected, by an i	oresident or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)
Anar	maris Ibarra
	(Typed or printed name of person signing)
Pres	ident
<del></del>	(Title of person signing)