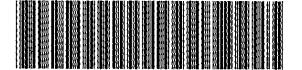
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. (R	equestor's Name)	
(A	ddress)	
(Ā	ddress)·	
(C	ity/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	*************************************
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COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: DYNAMIC Physical Runas And DOCUMENT NUMBER: \$120000 4250				
DOCUMENT NUMBER: 120000 4250				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Allosky Arnles Abelio Name of Contact Person Dynamic Physical Rehab anc				
Dynamic Physical Rehab anc				
Firm/ Company				
4445 W 16 ave 500				
thaliah (L 33012				
City/ State and Zip Code				
NIA				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Allosly Arties Mello al 305, 497 2270				
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 (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Street Address Amendment Section				

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Articles of Ar	mendment	
Aticles of Inco	orporation and the second seco	
Dunguic Physica	1 Nehan Mu	
(Name of Corporation as currently filed with e Flo	orida Dept. of State)	Ā.
<u> </u>	SD = 3	•
(Document Number of Corporation (i		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Flo. Profit Corporation adopts the following amendment(s) to	٠
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	"Co". A profess, "incorporated" or the appreciation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	
Name of New Registered Agent		
(Florida stre	eet address)	
New Registered Office Address:	, Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w.	rith and accept the obligations of the position.	
Signature of New Registered As	gent, 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 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.

	ve, and Sal	ly Smith, SV as an Add.	
Example: XChange	PT	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Áddres</u> s
1) Change	UP	Cocyonez, you	andri 4445 w 16 ave
Add Remove	٠.	1 /	Suite 500 Haleah R 33012
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			-
Add		•	
Remove			

The date of each amendment(s) adoption: date this document was signed.	05/16/2016	, if other than the
Effective date if applicable:	05/16/2016	
i (n	(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHEC	CK ONE)	
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appr	areholders. The number of votes cast for the amendment(s) proval.	
	nareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment		
by (voting	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(voting	group)	
The amendment(s) was/were adopted by the boar action was not required.	ard of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the inco action was not required.	orporators without shareholder action and shareholder	
Dated05 [14]	2016	
Signature Y	}	
	nt or other officer - if directors or officers have not been	
selected, by an incorpor appointed fiduciary by t	orator – if in the hands of a receiver, trustee, or other court	
i i	•	
Ali	OSLY Artles Abello (Typed or printed name of person signing)	
1	(Typed or printed name of person signing)	
	president	
	(Title of person signing)	

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