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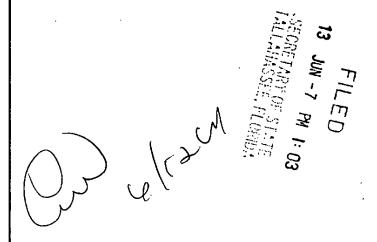
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| Certified Copies | _ Certificate: | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORAT | HON: POWER G | MEDICAL CEN | TER CORP |
|-----------------------------|---|--|---|
| DOCUMENT NUMBEI | D1200000856 | | |
| The enclosed Articles of A | Amendment and fee are su | bmitted for filing. | |
| • | ndence concerning this mat | _ | |
| • | _ | _ | |
| <u>A</u> | NNELIS GARRO | Name of Contact Person | |
| Р | OWER G MEDI | CAL CENTER C | |
| | 4411 COMMER | Firm/ Company CE WAY # 305 | |
| N | IIAMI LAKES, F | Address LORIDA 33016 | |
| - | | City/ State and Zip Code | e |
| POW | ERMEDICALCE | ENTER@GMAIL | COM |
| | E-mail address: (to be us | ed for future annual report | notification) |
| For further information co | oncerning this matter, pleas | e call: | |
| ANNELIS GAR | ROTE | _{at (} 305 | 822-9108 |
| Name of C | Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for th | e following amount made p | payable to the Florida Depa | artment of State: |
| \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Amend Divisio P.O. Bo | g Address ment Section n of Corporations ox 6327 ssee, FL 32314 | Amend Divisio Clifton 2661 E | Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301 |

Articles of Amendment to Articles of Incorporation of

POWER G MEDICAL CENTER CORP

| (Name of Corporation as | currently filed with the Flo | rida Dept. of State) | | |
|--|---|------------------------------|---------------------|-----------------|
| P12000008564 | | | | |
| (Documen | t Number of Corporation (if k | mown) | | |
| Pursuant to the provisions of section 607, its Articles of Incorporation: | 1006, Florida Statutes, this <i>Fl</i> | orida Profit Corporation ad | dopts the following | amendment(s) to |
| A. If amending name, enter the new na | me of the corporation: | | | The new |
| name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | ation "Corp," "Inc," or "Co tion," or the abbreviation "P. | o". A professional corpora | | breviation_ |
| B. Enter new principal office address, (Principal office address MUST BE A ST | | | 984 | D PH 1: 03 |
| C. Enter new mailing address, if appli (Mailing address MAY BE A POST of | | | | |
| D. If amending the registered agent an new registered agent and/or the new | | ss in Florida, enter the nar | ne of the | |
| Name of New Registered Agent | Annelis Garrote | | | |
| | 14411 Commerc | er Way # 305 | | |
| | (Florida stree | | | |
| New Registered Office Address: | Miami Lakes | , Florida | 33016 (Zip Code) | |
| | (City) | | (Zip Code) | |
| New Registered Agent's Signature, if classification in the second | | | s of the position. | • |

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 | <u>PT</u> <u>John</u> | Doe | |
|-------------------------------|-----------------------|-----------------|-----------------------|
| X Remove | <u>V</u> <u>Mik</u> | e Jones | |
| _X Add | SV Sally | y Smith | |
| Type of Action (Check One) | Title | Name | Address |
| 1) Change | PT | Annelis Garrote | 14411 Commerce Way |
| XX Add | | | Suite 305 |
| Remove | | | Miami Lakes, Fl 33016 |
| 2) Change | PT | Lydia Power | 14411 Commerce Way |
| Add | | | Suite 305 |
| XX Remove | | | Miami Lakes, Fl 33016 |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | , | | |
| Add | | | |
| Remove | | | |
| 6) Change | <u> </u> | | |
| Add | | | |
| Remove | | | |

| acn <i>aaaiiioi</i> | adding additional Articles, enter character shad sheets, if necessary). (Be specific) | inge(s) nere: | |
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| n amandm | nt nyovidos for an avohango, vaclassi | fication, or cancellation of issued share | 96 |
| ovisions for | implementing the amendment if not | contained in the amendment itself: | <u> </u> |
| (if not app | licable, indicate N/A) | | |
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| The date of each amendment(s) a | doption: 5/3/13 |
|---|---|
| Effective date <u>if applicable</u> : | |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were adby the shareholders was/were st | opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval. |
| | proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s): |
| "The number of votes cast | for the amendment(s) was/were sufficient for approval |
| by | , |
| | (voting group) |
| The amendment(s) was/were ad action was not required. | opted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/were ad action was not required. | opted by the incorporators without shareholder action and shareholder |
| _{Dated} May 3 | 1st 2013 |
| Signature X | Aug . |
| | Hector, president or other officer - if directors or officers have not been |
| | ed, by an incorporator - if in the hands of a receiver, trustee, or other court |
| appoir | nted fiduciary by that fiduciary) |
| | Annelis Garrote |
| | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |