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(Req	uestor's Name)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: WEE'S	ICUTZ la	UNI CARE CORP
	ER: 40022		
The enclosed Articles of	of Amendment and fee are sul	bmitted for filing.	,
Please return all corresp	pondence concerning this mat	tter to the following:	
_	ROBERT	tockson	4
	wees lu	Name of Contact Person	N CARE CURD
-	300/ N.W.	Firm/Company	7
-	MIDAYI F	Address 3303	<u> </u>
-	79(2)-(1)	City/ State and Zip Cod	
_5	Howel 6999 E-mail address: (to be us	d / Hoo sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
ROBERTIC	Tackson		3795877
	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depi	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)
W. # 10		C(4 4	A 33

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

(Name of Corporation as currently filed with the	Florida Dent of State)
(2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Tro- na Dept. of State)
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	CATE IN C The new
name must be distinguishable and contain the word "corporate "Corp.," [Inc.]" or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Co". 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>)	3001 N.W. 17/TER MIAMI F/ 33056
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	300/ NW (7/ TER
	MISSA FIA
	33056
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	dress in Florida, enter the name of the
Name of New Registered Agent	
(Florida :	street address)
New Registered Office Address:	. Florida
(Cit	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia	nt: r with and accept the obligations of the position.
Signature of New Registered	d 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)

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 <math>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>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove		- 44	
2) Change Add Remove		N/A	
3) Change Add Remove		- N/A	
4) Change Add Remove	**************************************	$\Lambda I/A$	
5) Change Add Remove		~ (a	
6) Change Add Remove		N/A	

	g or adding additional Articles, enter change(s) here: litional sheets, if necessary). (Be specific)
	VANT MY BYSINESS TO BE CHANGE
FACA	1 WEES KUTZ LOWN RARE CORP.
70	WITTS KUTZ (AUN CARE INC
The	s is All In ASKING TO BE DUN
ANC	I THE REASON FOR THIS BECUSE
My	IRS REACLS ICKE TUIS
· '4	JEES KUTZ CAUN CARE IN.E
Ano	I IN working on A BU ANCE
The.	DIS MUST BE CHANGE
. <u>. </u>	<u> </u>
	
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F. If an amen	idment provides for an exchange, reclassification, or cancellation of issued shares, is for implementing the amendment if not contained in the amendment itself:
(if not	t applicable, indicate N/A)
	<u> </u>
	<u> </u>

The date of each amendment(s) add	option:
Effective date if applicable:	
Elitetive date <u>il appreadite</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adopted action was not required.	sted by the board of directors without shareholder action and shareholder
action was not required.	ted by the incorporators without shareholder action and shareholder
Dated 6 -	15-12
Signature /	15-12 Obert Tacker
(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 diductary by that fiductary)
	ROBERT JACKSUN
	(Typed or printed name of person signing)
_	CEO
_	(Title of person signing)