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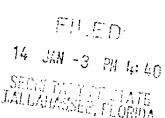
R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Omar de la Rosa Enterprises , Inc.				
DOCUMENT NUMBER: P12000045835				
	of Amendment and fee are su			
		_		
Please return all corre	spondence concerning this mat	ter to the following:		
	Omar de la Rosa			
		Name of Contact Persor	1	
	President			
		Firm/ Company		
	2871 S.W. 18 ST			
		Address		
	FORT LAUDERD	ALE FL. 33312		
•		City/ State and Zip Code		
OM	1ARDELAROSA@	YAHOO.COM		
		ed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	e call:		
omardelarosa39@yahoo.com at (954~) 4483052				
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department 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)	
Mailing Address Amendment Section		Street Address Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		
		Tallaha	assee, FL 32301	

Articles of Amendment to Articles of Incorporation of



Omar de la Rosa Enterprises, Inc.

				"9100A
(Name of Corporation as	currently filed with the Fl	orida Dept. of State)		
P12000045835				
(Documen	Number of Corporation (if	known)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this F	Florida Profit Corporation a	dopts the following a	mendment(s) to
A. If amending name, enter the new na	me of the corporation:			
RELIABLE SOD NURSIN	IG INC		T	he new
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associat	ition "Corp," "Inc," or "C	Co". A professional corpor	orated" or the abbi	reviation
B. Enter new principal office address, i (Principal office address MUST BE A ST				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5802 NW 82 A\	/E	
		TAMARAC FL.	33321	
D. If amending the registered agent and new registered agent and/or the new		ess in Florida, enter the nar	ne of the	
Name of New Registered Agent	5802 NW 82 AV		-	
	(Florida stre		-	
New Registered Office Address:	TAMARAC	•	33321	
New Registered Office Address:	(City)	, Florida	(Zip Code)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registed Signature, if ch I hereby accept the appointment as registed			ns of the position. -	

Page 1 of 4

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add Remove			
2) Change			
Add Remove			
3) Change			
Add			
4) Change			
Add Remove			
5) Change	•		
Add			<u> </u>
Remove			
6) Change			
Remove			

E. <u>If am</u> (Attac	ending or adding additional Articles, enter change(s) here: h additional sheets, if necessary). (Be specific)
N/A	
177 (·
	
<u>-</u>	
. <u>If an</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares,
prov	visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A	(v) of F

	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption: JANUARY 1/2014		
date this document was signed.		
Effective date if applicable:	_	
(no more than 90 days after amendment file date)		
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.		
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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 adopted by the board of directors without shareholder action and shareholder action was not required.		
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.		
Dated JANUARY 1/2014		
Signature X QUISA DE LA CLOSIS	_	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court		
appointed fiduciary by that fiduciary)		
OMAR DE LA ROSA		
(Typed or printed name of person signing)		
PRESIDENT		
(Title of person signing)	_	

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