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TALLARASSEE, FLURIDA

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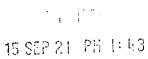
COVER LETTER

TO: Amendment Section Division of Corporations Ż.

NAME OF CORPOR	RATION: STRONG RECOV	ERY INC	
DOCUMENT NUMI	BER: P12000080870		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	TRACY STRONG		
		Name of Contact Person	1
	STRONG RECOVERY INC		
		Firm/ Company	
	2010 LITTLE TORCH STR	• •	
		Address	
	WEST PALM BEACH, FL	33407	
		City/ State and Zip Cod	ę
STRO	ONGRECOVERY@COMCA	ST.NET	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
TRACY STRONG		at (
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Emelosed is a check fo	r the following amount made	payable to the Florida Depo	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)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amenc Divisio Clitton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



STRONG RECOVERY INC

P12000080870 (Document Numbe	ently filed with the Florida Dept; of State)
(Document Numbe	Tything the transfer of the tr
arsuant to the provisions of section 607,1006. Florida Statutes, the	er of Corporation (if known)
s Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the corporation:	<u>.</u>
	The new
ame must be distinguishable and contain the word "corpora Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." o ord "chartered," "professional association," or the abbreviatio	or "Co". A professional corporation name must contain the
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	which the second
	<u> </u>
. If amending the registered agent and/or registered office a	
new registered agent and/or the new registered office addr	<u>*ess:</u>
Name of New Registered Agent	
(Elmid	a street address)
TI TOTAL	
New Registered Office Address:	

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:

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 hold. 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 Do</u>	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>aith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	D		SHAWN McCARTY	166 W 18 STREET
X Add		_		RIVIERA BEACH, FL 33404
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		 .		
Add				
Remove				
5) Change				- MEVA
Add				
Remove				
6) Change		_		and the state of t
Add				
Remove				

If amending or adding additional Arti	icles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
	100 0 10 10 10 10 10 10 10 10 10 10 10 1
	···
	····
	,
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	09/16/2015	
The date of each amendment(s) adoption:	, if other than th
date this document was signed. ϵ	99/16/2015	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date value Department of State's records.	will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) is sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes e	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
09/16/2	015	
Dated	· · · · · · · · · · · · · · · · · · ·	
Sianotura		
(By sete	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	TRACY STRONG	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	