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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	AATION: M AND M TOTAL	CARE CORPORATION		
DOCUMENT NUME	BER: P14000022522			
	of Amendment and fee are sul	bmitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following:		
	MARLEVIS SUAREZ			
		Name of Contact Person		
	M AND M TOTAL CARE CORPORATION			
		Firm/ Company	-	
	930 NE 131ST STREET			
	Address			
	NORTH MIAMI, FL 33161			
		City/ State and Zip Code		
marle	vis@comcast.net			
	•	ed for future annual report i	notification)	
For further information concerning this matter, please call:				
MARLEVIS SUARE		at (597-4710	
Name o	of Contact Person	Area Cod	le & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made p	payable to the Florida Depar	rtment 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)	
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amendi Division Clifton 2661 E:	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

Articles of Amendment to **Articles of Incorporation** of

M AND M TOTAL CARE CORPORATION			
(<u>Name of Corporat</u>	ion as currently filed with <u>t</u>	he Florida Dept. of State)	
P14000022522			
(Docur	ment Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florid ts Articles of Incorporation:	la Statutes, this <i>Florida Profi</i>	t Corporation adopts the foll	lowing amendment(s) t
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the wor "Corp" "Inc.," or Co.," or the designation "Corp word "chartered." "professional association," or the	n," "Inc," or "Co". A prof.	y," or "incorporated" or t essional corporation name t	the abbreviation
3. Enter new principal office address, if applicable	e:		
Principal office address MUST BE A STREET ADD		- 	
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
	•		
D. If amending the registered agent and/or registe	ered office address in Florid	a, enter the name of the	
new registered agent and/or the new registered	l office address:		
Name of New Registered Agent			_
	(Florida street address)		
	·	_, ,,	
New Registered Office Address:	(City)	, Florida	(Zip Code)
	(Chij)		(Lip Gous)
New Registered Agent's Signature, if changing Re	gistered Agent:		
I hereby accept the appointment as registered agent.	I am familiar with and acce	pt the obligations of the posi	ta i e i i i i i i i i i i i i i i i i i
			ନି ଫି
			Š
C:-	nature of New Registered Age	ant if abanging	15 NOV 30
Sign	nature oj New Registerea Ago	m, y chunging	
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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>	<u>Name</u>	<u>Addres</u> s
1) Change	v	MICHEL DAVID RODRIGUEZ	930 NE 131ST STREET
X Add			NORTH MIAMI, FL 33161
Remove			
2) Change			_
Add			
Remove			-
3) Change			
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u> </u>
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	<u> </u>
- <u></u> .	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(у погаррисаоне, таксане :NA)	
(y noi applicable, maicale MA)	
(y noi applicable, indicale MA)	
(у пог аррисаоте, таксате :МА)	
(у пог аррисаоте, таксате мл.)	
(у пог аррисаоте, таксие :МА)	

	SEPTEMBER 14, 2015	
The date of each amendment(s)		, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	EPTEMBER 14, 2015	
Effective date <u>if applicable.</u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date with Department of State's records.	Il not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	,n	
-7	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder	
action was not required.	dopted by the meorporators without shareholder action and shareholder	
NOVEM Dated	BER 14, 2015	
Dated	Dr.	
Signature		
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	MARLEVIS SUAREZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	