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C. CARROTHERS

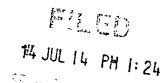
COVER LETTER

TO: Amendment Section Division of Corporations

	RATION: HONOR H		R, INC.				
DOCUMENT NUM	BER: P1400005279)4					
	s of Amendment and fee are su						
Please return all corre	espondence concerning this ma	itter to the following:					
	ALEXIS DIAZ						
	#	Name of Contact Person	11				
	HONOR HEALTH CENTER, INC.						
	Firm/ Company						
	Address						
	MIAMI, FL 33165	5					
•	Physical Control of the Control of t	City/ State and Zip Cod	<u>. </u>				
	E-mail address: (to be us	sed for future annual report	notification)				
		·					
For further information	on concerning this matter, pleas	se call:	•				
ALEXIS DIA	Z	_{at (} 305	562-8852 de & Daytime Telephone Number				
Name	of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check fi	or the following amount made	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)				
Ma	uiling Address	Street	Address				
Am	endment Section		Iment Section				
	rision of Corporations	Division of Corporations					
	D. Box 6327	Clifton Building					
Tallahassee, FL 32314		 2661 Executive Center Circle 					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



HONOR HEALTH CENTER, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) LARGOSCH, ILGGELIA. P14000052794

(Document Number of Corporation (if known)

mendment(s) to

Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Flo</i>	rida Profit Corporation	adopts the following amendm
A. If amending name, enter the new na	ame of the corporation:		
			The ne
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co	". A professional corpo	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>	<u>icable:</u> OFFICE BOX)		
D. If amending the registered agent an new registered agent and/or the ne		in Florida, enter the na	ame of the
Name of New Registered Agent	ALEXIS DIAZ		
	2500 SW 107TH	AVE SUITE 48	
	(Florida street		_
New Registered Office Address:	MIAMI	Florid	_{la} 33165
- Company of the state con	(City)		(Zip Code)
New Registered Agent's Signature, if c	changing Registered Agent: tered opent. I am familiar with	and accept the obligation	ons of the position.
Si	gnature of New Registered Age	nt, 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 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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	o <u>nes</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	•
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove			·	
5) Change				
Add		_		
Remove				
6) Change		_		
Add				
Remove				

	or adding addit onal sheets, if ne	cessary).	(Be specific)	····		·	
							
		 , .					
			 .	 			
					•		
		-					
					•		
	ient provides fo	or an excha	nge, reclassi	fication, or car	icellation of is	sued shares.	
f an amendm	or implementing	g the amen	dment if not	contained in t	ne amendmen	t itself:	
provisions fo		ue N/A) —					
provisions fo	pplicable, indica						
provisions fo	opticable, indica					· · · · · · · · · · · · · · · · · · ·	
provisions fo	pplicable, indica		,,, <u>, , , , , , , , , , , , , , , , , </u>		· · · · · · · · · · · · · · · · · · ·	·····	
provisions fo	pplicable, indica						
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f an amendm provisions fo (if not ap	pplicable, indica						
provisions fo	pplicable, indica						

The date of each amendment(s) adoption: 00/24/2014	_, if other than the
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)	
(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 06/24/2014	
Signature MeCO	
 (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) 	
ALEXIS DIAZ	
(Typed or printed name of person signing)	_
D	
(Title of person signing)	