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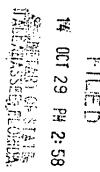
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Premier Therapy Care Inc				
DOCUMENT NUMBER: P14000072439				
The enclosed Articles of Amendment and fee are so	ubmitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
Linette Montero	Ramirez			
	Name of Contact Person			
Premier Therapy	Care Inc			
	Firm/ Company			
4763 S Conway	Rd Ste D			
	Address			
Orlando FL 3281	2-1210			
	City/ State and Zip Code			
mrlinette@gmail.con	n			
	ised for future annual report notification)			
· ·	,			
For further information concerning this matter, plea	ase call:			
Linette Montero Ramirez	at (407 923-5351 Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & 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 & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address	Street Address			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations Clifton Building			
P.O. Box 6327 Taliahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

FILED 174 OCT 29 PH 2:58

Premier Therapy Care In	nc	AND THE PART OF STREET
(Name of Corporation as	s currently filed with the Flo	rida Dept. of State
P14000072439*		3, -∞ "
(Documer	nt Number of Corporation (if	(nown)
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:	
Primary Therapy Care In	С	The new
	nation "Corp," "Inc," or "C	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
3. Enter new principal office address, Principal office address MUST BE A S		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST) D. If amending the registered agent an	OFFICE BOX)	ss in Florida, enter the name of the
new registered agent and/or the nev		S IN T TOTAL CHEET THE MAINE OF THE
Name of New Registered Agent	Linette Montero F	Ramirez
	4763 S Conway	Rd Ste D
	(Florida stree	
New Registered Office Address:	Orlando	, Florida 32812-1210
	(City)	(Zip Code)
Laure	hanging Registered Agent: ered agent. Jam familiar wi Harring Jam familiar wi gnature of New Registered Ag	th and accept the obligations of the position. ent, 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.

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	Р	Yvonne M Dueno	4763 S Conway Rd Ste D		
Add			Orlando FL 32812-1210		
Remove					
2) Change	Р	Linette Montero Ramirez	6560 Swissco Dr		
Add			Orlando FL 32822		
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
provisions for implementing the amendment if not contained in the amendment itself:		
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
provisions for implementing the amendment if not contained in the amendment itself:	·	
provisions for implementing the amendment if not contained in the amendment itself:		
provisions for implementing the amendment if not contained in the amendment itself:		
(if not applicable, indicate N/A)	If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
	(if not applicable, indicate N/A)	adment it not contained in the amendment user.
		
	<u> </u>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<u></u>
(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 10/23/2014	
Dated W. W. W.	
Signature Hill M. T. Samy	
(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)	
Linette Montero Ramirez	
(Typed or printed name of person signing)	
President	
(Title of person signing)	_