(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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SEP 1 5 2016 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON:MMS C	ASE MANAGEM	IENT, IN	C	
DOCUMENT NUMBER:	OCUMENT NUMBER: P15000018164				
The enclosed Articles of An	nendment and fee are su	bmitted for filing.			
Please return all correspond	ence concerning this ma	tter to the followin	g:		
		Alain Nogi	ueras		
Name of Contact Person					
	AS CASE MANA	GEMENT	, INC		
Firm/ Co					
13500 SW 88th street Suite 285 C					
Address					
	Miami, Florida 33186				
City/ State and Zip Code					
		onogueras@ho	otmail.com	n	
	E-mail address: (to be us				
For further information con-	cerning this matter, pleas	se call:			
Alain Nogueras		at (239	878 3447	
Name of Co	ntact Person	at (239 878 3447 Area Code & Daytime Telephone Number			
Enclosed is a check for the	following amount made	payable to the Flor	ida Depar	rtment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional co enclosed)	у	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

16 SEP 12 PH 12: 11

MMS CASE MANAGMENT INC

(Name	6.00	y filed with the Florida Dept. of State)
(<u>ivanic</u>		
	P150000	
	(Document Number o	f Corporation (if known)
ursuant to the provisions of section 607 Articles of Incorporation:	7.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendmen
. If amending name, enter the new n	ame of the corporation:	
	MI	MS CASE MANAGEMENT INC The new
	nation "Corp," "Inc," or "	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
Enter new principal office address.		N/A
Principal office address <u>MUST BE A S</u>	STREET ADDRESS)	
Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A
(Muning dualess MAT BE AT 031	OFFICE BOX	
. If amending the registered agent a	nd/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the ne	ew registered office address	<u>:</u>
Name of New Registered Agent	N/A	
Name of New Registered Agent	N/A N/A	
Name of New Registered Agent	N/A	reet address)
Name of New Registered Agent New Registered Office Address:	N/A (Florida str	reet 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:

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	VP	JORGE QUI	NONES	11020 SW 196th Street Apt E 102
Add				Cutler Bay, FL 33157
X Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

N/A	<mark>nending or adding additional Articl</mark> ch <i>additional sheets, if necessary)</i> .	(Be specific)			
					· · ·
					· · · · · · · · · · · · · · · · · · ·
					
	<u></u>				
	<u> </u>				
If an	amendment provides for an exchain visions for implementing the amend	nge, reclassificat	ion, or cancellatio	n of issued shares	±
DI U	(if not applicable, indicate N/A)	inicit ii not conc	amea in the amen	ument itseit.	
	·				
N/A					

	N/A	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	, , , , , , , , , , , , , , , , , , ,	
Effective date <u>if applicable</u> :	/A	
Effective date <u>it applicable</u> .	(no more than 90 days after amendment fi	le date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requi Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were a must be separately provided	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the amount	ollowing statement endment(s):
	ast for the amendment(s) was/were sufficient for approval	
bv	(voting group)	
- , <u> </u>	(voting group)	
action was not required.	adopted by the board of directors without shareholder action adopted by the incorporators without shareholder action and	
	09/08/2016	
DatedSignature	- Claim	MA
(By sele	a director, president or other officer – if directors or officer cted, by an incorporator – if in the hands of a receiver, trust pinted fiduciary by that fiduciary)	s have not been tee, or other court
	Alain Nogueras	
	(Typed or printed name of person signing)	
	MMS CASE MANAGEMENT, INC "President"	
	(Title of person signing)	