Riorida Departmerk of State
Division of Corps rations
Electronic Phing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000140683 3)))



H150001406833ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

NECEIVED SEL

. To:

Division of Corporations

Fax Number : (85

: (850)617-6380

From:

Account Name

: EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I2000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN ARTEMISA REHAB SERVICES INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

CIUZ II NOC

Help

Articles of Amendment to Articles of Incorporation of

ARTEMISA REHAB SERVICES INC		
(Name	of Corporation as currently filed with the	Florida Dept. of State)
215000018229		
	(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	.1006, Florida Statutes, this <i>Florida Profit C</i>	Corporation adopts the following amendment(s
A. If amending name, enter the new n	ame of the corporation:	
		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the desigr word "chartered," "professional associa	itain the word "corporation," "company," nation "Corp," "Inc," or "Co". A profess nion," or the abbreviation "P.A."	or "incorporated" or the abbreviation
B. <u>Enter new principal office address,</u> (Principal office address <u>MUST BE A S</u>	if applicable: TREET ADDRESS)	·
C. Enter new mailing address, if appl		
(Mailing address MAY BE A POST	OFFICE BOX)	
O Ifamendian the perfetered arent ar	nd/or registered office address in Florida,	enter the name of the
new registered agent and/or the ne		EDICI INC HAME OF THE
Name of New Registered Agent	ANDRES DUQUE MARTIN	
<u> </u>	4711 SW 8 ST	
	(Florida street address)	
New Registered Office Address:	CORAL GABLES	. Florida 33134
2,000 1101 13101 200 1100 1100 1100 1100 1	(City)	(Zip Code)
New Registered Agent's Signature, if c hereby accept the appointment as regis	hanging Registered Agent: tered agent. I am familiar with and accept t	the obligations of the position.
<i>y</i> 1 11		(A)
		≝ € 5
<u></u>	leggy	
	Signature of New Registered Agent,	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	PT Joh	n Doe ··	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
X Add	SV Sail	ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	ALEXANDER FIGUEREDO	4711 SW 8 ST
Add X Remove			CORAL GABLES, FL 33134
2) Change	P	ANDRES DUQUE MARTIN	4711 SW 8 ST
X Add			CORAL GABLES, FL 33134
Remove			
3)Change		<u></u>	
Add			
Remove			-
4) Change			
Add			
Remove			
5) Change			
Add			,
Remove			
δ)Change			
Add			
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)		
			
		 	
•		-	•
			··
		· · · · · · · · · · · · · · · · · · ·	
		····	
		_	
provisions for implementing the ame	ange, reclassification, or cancellation of issued shared and in the amendment itself:	<u>es,</u>	
If an amendment provides for an exch provisions for implementing the ame (tf not applicable, indicate N/A)	ange, reclassification, or cancellation of issued share adment if not contained in the amendment itself:	<u>es,</u>	
provisions for implementing the ame	ange, reclassification, or cancellation of issued share adment if not contained in the amendment itself:	<u>cs.</u>	
provisions for implementing the ame	ange, reclassification, or cancellation of issued share adment if not contained in the amendment itself:	cs.	
provisions for implementing the ame	auge, reclassification, or cancellation of issued shar adment if not contained in the amendment itself:	es,	
provisions for implementing the ame	ange, reclassification, or cancellation of issued shar ndment if not contained in the amendment itself:	cs,	
provisions for implementing the ame	ange, reclassification, or cancellation of issued shared ment if not contained in the amendment itself:	cs.	
provisions for implementing the ame	ange, reclassification, or cancellation of issued share adment if not contained in the amendment itself:	cs.	
provisions for implementing the ame	ange, reclassification, or cancellation of issued share adment if not contained in the amendment itself:	cs.	

O6/09/2015 The date of each amendment(s) adoption:	if other than the
date this document was signed.	in other train the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	ot be listed as the
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.	
06/09/2015	
Dated	
Signature * Signature	
(Hy 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)	
ALEXANDER FIGUEREDO	
(Typed or printed name of person signing)	
P	
(Title of person signing)	