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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Solis Health Plans,	Inc.	<u> </u>
DOCUMENT NUMI	P15000004226		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	James P. Burleson		
		Name of Contact Person	n
	Meenan P.A.		
		Firm/ Company	
	P.O. Box 11247		
		Address	
	Tallahassee, FL 32302		
		City/ State and Zip Cod	e
jim@	meenanlawfirm.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
James P. Burleson		at (425-4000
Name of Contact Person		at (850) 425-4000 Area Code & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	artment of State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$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		Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

Solis Health Plans, Inc.			
	ently filed with the Florida Dept. o	f State)	
P15000094226			
(Document Number	er of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	his Florida Profit Corporation adop	ts the following amendmen	nt(s) t
A. If amending name, enter the new name of the corporation	<u>1</u>		
name must be distinguishable and anticipal and a		The new	
name must be distinguishable and contain the word "corpore "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviation	or "Co". A professional corporatio	ed or the abbreviation name must contain the	
B. Enter new principal office address, if applicable:	7480 SW 40 Street		
(Principal office address MUST BE A STREET ADDRESS)	Suite 600	## 6	
	Miami, FL 33155	20 (5) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7480 SW 40 Street	55 AM	
(Maning dadress MAT BL AT UST OFFICE BOX)	Suite 600	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ų
	Miami, FL 33155	सुर्व ने क	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office additional agent.		of the	
Name of New Registered Agent			
			
(Floride	street address)		
New Registered Office Address:	ជ	orida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili		ftha parition	
e., accept the appointment as registered agent. Tam juniti	ы » ин ина ассері інг одиданонз ој	те ромион.	
		_ 	
Signature of Ne	w 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.

X Change	<u>PT</u>	John Doe	
\underline{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) X Change	PD	Doug Cook	7480 SW 40 Street
Add			Suite 600
Remove			Miami, FL 33155
2) Change			
Add			
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)	
provisions for implementing the amendment if not contained in the amendment itself:	
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(if not applicable, indicale X/A)	
	
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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes cast for the amendm ficient for approval.	ent(s)
	roved by the shareholders through voting groups. The following staceach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	oted by the board of directors without shareholder action and shareholder	ıolder
The amendment(s) was/were ado action was not required.	oted by the incorporators without shareholder action and shareholde	r
January 5, 2	018	
Dated	with Meen	
selected	rector, president or other officer – if directors or officers have not b. by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	cen
	Timothy J. Meenan	
•	(Typed or printed name of person signing)	
	incorporator	
•	(Title of person signing)	