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JUL 12 2017

## COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Hathor Wellcare Center, INC DOCUMENT NUMBER: <u>216000086756</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Margelys Moreira Name of Contact Person Hathor WellCare Center INC 14269 SW 42Nd ST Miami - FL 33175 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>786)</u> <u>452 — 1751</u> 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 & ☐\$43.75 Filing Fee & ♥\$52,50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy

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

is enclosed)

## Articles of Amendment

to

Articles	θſ	Incor	poration
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P16000086756	
(Document Number of Corpo	ration (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	a Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/14	The new
name must be distinguishable and contain the word "corporation," "co "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co", word "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	U/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	Florida, enter the name of the
Name of New Registered Agent	<u></u>
(Florida street addr	CSAZ
New Registered Office Address:	
City	. FloridaZıp Code)

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:

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: <u>X</u> Change	<u>PT</u> <u>Joh</u>	<u>ı Dog</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	Jorge Rafae! Col!	14269 SW 421d ST
Add Remove			Miawi-FL 33175
2) Change Add	<u> </u>	Orlando Gonzalez	14269 sw 42rd st Miami - FL 3317
Remove 3.) Change Add	PV	Pedro R. Fasarcio	14269 500 4212 ST Wiami - FL 33175
Remove 4) Change			
Add Remove			
5) Change Add			
Remove			
6) Change			
Add Remove			<del></del>

. If amending or a (Attach <i>additiona</i>	dding additional A sheets, if necessary	rticles, enter chan; i — (Be specific)	<u>ge(s) here</u> :			
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<u>provisions for it</u>	provides for an exonplementing the an value, indicate N A)	change, reclassifica rendment if not co	ntained in the amo	ion of issued share endment itself:	es.	
					_	
				_		
<del></del>						

The date of each amendment(s) adoption:date this document was signed.	6,26,2017	, if other than th
Effective date <u>if applicable</u> :	6 <sup>1</sup> 26 <sup>i</sup> 2017 (no more than <sup>90</sup> days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of St	meet the applicable statutory filing requirements, this tate's records.	date will not be listed as th
Adoption of Amendment(s) (CHE)	CK ONE)	
☐ The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for app	narcholders. The number of votes east for the amendment proval.	11(8)
	shareholders through voting groups. The following state troup entitled to vote separately on the amendment(s):	ment
"The number of votes east for the amenda		
by	g groupi	
(votin	g group)	
☐ The amendment(s) was/were adopted by the beattion was not required.	oard of directors without shareholder action and shareho	lder
The amendment(s) was/were adopted by the imaction was not required.	corporators without shareholder action and shareholder	
Dated 6/26/3	2017	
Signature	ho o o e hi	
(By a director deside	ent or other officer – if directors or officers have not becoporator – if in the hands of a receiver, trustee, or other co	
<del></del>	yped or printed name of person signing)	
<del></del>	President (Title of person signing)	