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COVER LETTER

TO: Amendment Section Division of Corporations

DOCUMENT NUMBER: P1600096981
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rosita Nieves
Name of Contact Person
Gifted Health group Inc
Firm/ Company
111 NW 183Rd #414
Address
MIAM EL 33169
City/ State and Zip Code
rnieves (a) gifted Health. com
E-mail address: (10 be used for future annual report notification)
For further information concerning this matter, please call:
Rosita Nieves at 305, 405-6553
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 Certificate of Status □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Articles of Amendment

Articles of Incorporation

P160009698

(Document	Number of Co	rporation (if known))	
Pursuant to the provisions of section 607.1006, Florida Statistis Articles of Incorporation:	atutes, this <i>Flor</i>	ida Profit Corporat	tion adopts the fo	ollowing amendmen
A. If amending name, enter the new name of the corpo	oration:			
maker care service	705	$\Gamma \gamma \gamma_{c}$		The new
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," ' word "chartered," "professional association," or the abb	"Inc," or "Co".	. A professional co		the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	E <u>SS</u>)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_			
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		in Florida, enter th	e name of the	
Name of New Registered Agent Marie	<u>ろ ち</u>	ertranc	<u> </u>	
_ 2715	5 W 62	IND PL	#206)
New Registered Office Address: HaleC	(Florida street ad Y	idress)	, Florida	33016
	(Ciņ)		(Zip Code)
New Registered Agent's Signature, if changing Registe				
I hereby accept the appointment as registered agent. I an	n familiar with c	and accept the oblig	gations of the pos	ition.
Mari Les	Amo	1,		
Signatur	e of New Regist	tered Agent, if chan	ging	

Page 1 of 4

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 <math>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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		-		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		-		
Add				
Remove				
F. 61				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Add				
k emaye				

Amendung the Name I 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)	Attach	nding or adding a additional sheets.	if necessary	v). (Be sp	ecific)					
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:		Amend	ma	the	Nar	Nl				
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The date of each amendment(s) adoption: date this document was signed.	_, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amenament fite date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not 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)	
☐ 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.	
Dated12\30\2016	
Signature Morre Portus	_
(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)	
Marie Bertrand	
(Typed or printed name of person signing)	
President/officer	
(Title of person signing)	