P17000060922

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(Ac	ldress)	
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JAN 17 2018 T. LEASIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPOR	ATION: FLORIDIAN CAP	RE CORP. OF TAMPA	
DOCUMENT NUMB			
The enclosed Articles of	f Amendment and fee are st	ibmitted for filing.	
Please return all corresp	oondence concerning this ma	atter to the following:	
;	Miguel San Pedro		
-	<u>-</u>	Name of Contact Person	
,	Mtorney		
-		Firm/ Company	
-	7350 N W 7 Street # 204		
-		Address	
;	Miami, Florida 33126		
-	-	City/ State and Zip Code	
msanp	edro@floridahealthsolution.	com	
 ·		sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
Miguel San Pedro		305	3738211
Name o	Contact Person	Area Coc	3738211 le & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. 1	ng Address Idment Section Ion of Corporations Box 6327 Bassee, FL 32314	Amendi Division Clifton	Address ment Section n of Corporations Building secutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FLORIDIAN CARE CORP. OF TAMPA

(Name of Corporation as currently	filed with the Florida Dept. of State)
P17000060922	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</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 office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address:(C	ity) . Floridaity)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar wit	JAN JAN
Signature of New Reg	istered 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: <u>X</u> Change	<u>PT</u> <u>J</u>	lohn Doe	
X Remove	<u>V</u> <u>N</u>	Mike Jones	
X Add	<u>şv</u> <u>ş</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	Pres.	Marcos P. Socorro	7350 N W 7 Street # 204
Add			Miami, Florida
Remove			
2) X Change	V. Pres.	Antonio Gonzalez	7350 N W 7 Street # 204
Add			Miami, Florida 33126
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<u> </u>	
f 'n amondmant neolidae for an ovel	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(y not appucante, mateate N/A)	
(y not appucante, mateate N/A)	
(y not appueante, indicate N/A)	
(y not appucante, mateate N/A)	
(y not appucante, mateate N/A)	
(y not appucaote, mateate N/A)	
(ij noi appucaote, inawate N/A)	

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date we epartment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes east for the amendment(s) infficient for approval.	
	proved by the shareholders through voting groups. The following statement 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 ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
January 4, Dated	2018	
Signature		
(By a c selecte	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)	
	Marcos P. Socorro	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	