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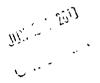
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COVER LETTER

TO: Amendment Sec Division of Corp				~ {*
NAME OF CORPO				
	A STATE OF THE STA			
DOCUMENT NUM	BER: P17000080548			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	YENIXEY LOPEZ DE LEC	N		
		Name of Contact Perso	n	
	AMERICAN REHABILITA	TION SERVICES INC		
		Firm/ Company		
	8900 SW 107 AVENUE # 2	02		
		Address		
	MIAMI, FLORIDA 33176			
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	e	
AMI	ERICANREHABSERVICES@	@GMAIL.COM		
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	on concerning this matter, plea	se call:		
YENIXEY LOPEZ I	DE LEON	786	805-1742	
Name	Name of Contact Person		de & Daytime Telephone Num	nber
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Cliftor 2661 E	Address Idment Section on of Corporations a Building Executive Center Circle assee, FL 32301	

Articles of Amendment

to

Articles of Incorporation

of

AMERICAN REHABILITATION SERVICES INC

(Name of Corpo	ration as currently filed with the Florida Dept. of State)	7. 7/
P17000080548		
(Do	ocument Number of Corporation (if known)	je.
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the follo	wing amendmen
A. If amending name, enter the new name of th	ne corporation:	
	word "corporation," "company," or "incorporated" or th Corp," "Inc," or "Co". A professional corporation name m the abbreviation "P.A."	
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	(BOX)	
D. If amending the registered agent and/or reg new registered agent and/or the new registe	istered office address in Florida, enter the name of the	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		
	(City)	Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: nt. I am familiar with and accept the obligations of the position.	on.
	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 = Chie 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	<u>PT</u>	John Doe	
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) Change	Р	YENIXEY LOPEZ DE LEON	8900 SW 107 AVENUE
XX Add			SUITE 202
Remove			MIAMI, FLORIDA 33176
2) XX Change	VP	MAILIN FREEMAN	8900 SW 107 AVENUE
Add			SUITE 202
Remove			MIAMI, FLORIDA 33176
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
<i>5)</i> Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary	y). (Be specific)				
			. <u> </u>		
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lf an amendment provides for an e	vchange reclassi	fication or cancel	lation of issued s	hares.	
tran amenament provides for an e	mendment if not	contained in the a	mendment itself	<u>:</u>	
provisions for implementing the a	1				
(if not applicable, indicate N/A)	,				
(if not applicable, indicate N/A)	,				
(if not applicable, indicate N/A)			<u> </u>	·	
(if not applicable, indicate N/A					
(if not applicable, indicate N/A					
(if not applicable, indicate N/A	,				
(if not applicable, indicate N/A					
(if not applicable, indicate N/A					
(if not applicable, indicate N/A					
(if not applicable, indicate N/A					
(if not applicable, indicate N/A					

The date of each amendment(s) adoption:, if date this document was signed.	f other than 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 not document's effective date on the Department of State's records.	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 east 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.	
JUNE 07 2019	
DatedSignature	
(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)	
YENIXEY LOPEZ DE LEON	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	