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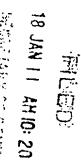
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CARROUSEL HE	EALTH CARE CORPORA	TION	
DOCUMENT NUMB	ER:			
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.		
Please return all corresp	pondence concerning this ma	tter to the following:		
	PEDRO RIVERA			
-		Name of Contact Perso	n	
_	RIVERA & ASSOCIATES			
		Firm/ Company	_	
:	2752 MICHIGAN AVE UN	T 4	•	
-	<u> </u>	Address		
I	KISSIMMEE, FL 34744			
_		City/ State and Zip Cod	e	
PRIVS	SEP@YAHOO.COM		; ;	
	•	sed for future annual report	notification)	
			,	
For further information	concerning this matter, pleas	se call:		
PEDRO RIVERA		at (350-2556	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
☐ \$35 Filing Fee	☐S43.75 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)	
Amen Divis P.O. I	ng Address idment Section ion of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle ussee, FL 32301	

Articles of Amendment to Articles of Incorporation of

CARROUSEL HEALTH CARE CORPORATION

(2)		***
P17000089795	tion as currently filed with the Florida Dept. o	<u>i State</u>)
	mant Municipal Comments of Comments	! -
	iment Number of Corporation (if known)	!
Pursuant to the provisions of section 607,1006, Flori its Articles of Incorporation:	da Statutes, this <i>Florida Profit Corporation</i> adop	ts the following amendment(s
A. If amending name, enter the new name of the	corporation:	
	<u> </u>	The new
name must be distinguishable and contain the wa "Corp.," "Inc.," or Co.," or the designation "Con- word "chartered," "professional association," or th	p." "Inc." or "Co". A professional corporatio	ed" or the abbreviation n name must contain the
B. Enter new principal office address, if applicab	le:	
(Principal office address MUST BE A STREET AL	DRESS)	
	_	公 差 油
C. Enternance 20 11 12 15 15 15		一
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	ov.	
	•	₹ 0
D 10		
D. If amending the registered agent and/or regist new registered agent and/or the new registered	ered office address in Florida, enter the name of	<u>of the</u>
	Torne address.	
Name of New Registered Agent		
	1	
	(Florida street address)	
New Registered Office Address;	191	. 1
<u> </u>	City)	orida (Zip Code)
		,
New Registered Agent's Signature, if changing Re	gistered Agent:	
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of	the position.
Sin	nature of New Registered Agent, if changing	 _
· ···g	· induse by the recognitive Agent, if thanging	
	1	

address of each Officer: (Attach additional sheets, Please note the officer/di P = President; V = Vice I Executive Officer; CFO = held, President, Treasured Changes should be noted	and/or D if necess rector title President = Chief F r. Directo in the fol wes the co	irector be ary) e by the fi ; T= Trea Financial or would l llowing m orporation	eing added; rst letter of the office title; isurer; S= Secretary; D= Director; TR= T Officer. If an officer/director holds more in the PTD, anner, Currently John Doe is listed as the the Sally Smith is named the V and S. These.	director being removed and title, name, and rustee; $C = Chairman$ or $Clerk$; $CEO = Chiefhan$ one title. Tist the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
X Change	PT	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	ne <u>s</u>	
X Add	\underline{SV}	Sally Sn	<u>rith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u> .	Address
1) Change	VP	_	DALIS M RIVERA	3201 BUNDINGER AVE
Add			 	ST CLOUD, FL 34769
X Remove				
2) Change		_		
Add				
Remove				
3) Change		_		

Check One)			
) Change	VP	DALIS M RIVERA	3201 BUNDINGER AVE
Add		-	ST CLOUD, FL 34769
X Remove			
			•
!) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
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		Page 2 of 4	

Attach additional sheets, if necessary). (Be specific)	
	ı
	l
f an amendment provides for an exchange, reclassification, or cancel provisions for implementing the amendment if not contained in the a	Hation of issued shares,
General Contained in the state of the state	amendment itself:
y noi applicanie, indicate N/A)	
(if not applicable, indicate N/A)	
Ay not applicable, maicale N/A)	
(y not applicable, materile N/A)	
(y not applicable, mateate N/A)	
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(y not applicable, mateate N/A)	
(y not applicable, material N/A)	
(y not applicable, maticale N/A)	
(y not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date <u>if applicable</u> :	
(no m	ore than 90 days after amendment file date)
Note: If the date inserted in this block does not meet document's effective date on the Department of State's	the applicable statutory filing requirements, this date will not be listed as records.
Adoption of Amendment(s) (CHECK C	<u>one</u>)
■ The amendment(s) was/were adopted by the shareho by the shareholders was/were sufficient for approva	lders. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharel must be separately provided for each voting group.	nolders through voting groups. The following statement entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by(voting gro	
(voting gro	<i>пр)</i>
☐ The amendment(s) was/were adopted by the board of action was not required.	
☐ The amendment(s) was/were adopted by the incorporaction was not required.	rators without shareholder action and shareholder
01/10/2018	
Dated	
(By adirector, president or	other officer – if directors or officers have not been
selected, by an incorporato appointed fiduciary by that	r – if in the hands of a receiver, trustee, or other court fiduciary)
JOSE A RIVERA	•
(Typed (or printed name of person signing)
PRESIDENT	
	(Title of person signing)