P18000016959

(Re	questor's Name)	
(Address)		
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	,





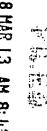
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R. WHITE MAR 1 4 2018





COVER LETTER

TO: Amendment Section

Division of Corpor	rations			
NAME OF CORPORA	ATION: Westm	inster Healtho	care PA	
DOCUMENT NUMBI	7.0.	16959		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
-	_	Roger Nult		
	Afforda	able Tax Ser	vice	
	Firm/Company Fern Creek Ave			
_	Address			
_	Orlando FC 32803			
		City/ State and Zip Cod	e	
	RNU++@ E-mail address: (to be us	CFL.RR. CO	notification)	
For further information	concerning this matter, pleas	se call:		
Roger	Contact Person		1930-50F3	
Name of			de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	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)	
Amen Divisi P.O. I	ng Address Idment Section Idment Sec	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment

FLED

to

	to Articles of Incorporation	18 MAR 13	AM 8: 43
Westn	ninster Health car		
(<u>Name of Cor</u>	poration as currently filed with	the Florida Dept. o	of State)
_ 	218000016959		
((Document Number of Corporation	n (if known)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Proj	fit Corporation adop	ots the following amendment(s
A. If amending name, enter the new name of	f the corporation:		
Enanore Okuma	aba PA		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	he word "corporation," "compa "Corp," "Inc," or "Co". A pro	ny," or "incorpora fessional corporati	ted" or the abbreviation
B. Enter new principal office address, if app (Principal office address MUST BE A STREE			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
D. If amending the registered agent and/or r new registered agent and/or the new regi		da, enter the name	of the
Name of New Registered Agent			
	(Florida street address)		.
New Registered Office Address:		, F	lorida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing			
I hereby accept the appointment as registered a	igent. I am familiar with and acc	ept the obligations o	f the position.
	Signature of New Registered Ag	gent, 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: X Change	PT	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change		_	
Add			
Remove			

	(Be specific)
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	NIH
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6	Lauren and an interest and a second about
an amendment provides for an exci	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	thement it not contained in the amendment users.
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	A \
(if not applicable, indicate N/A)	NA
(if not applicable, indicate N/A)	NA
(if not applicable, indicate N/A)	NA
(if not applicable, indicate N/A)	NA
(if not applicable, indicate N/A)	NA
(if not applicable, indicate N/A)	NA
(if not applicable, indicate N/A)	NA
(if not applicable, indicate N/A)	NA
(if not applicable, indicate N/A)	NA
(if not applicable, indicate N/A)	NA

The date of each amendment(s) adoption:	, if other than the
Effective date it 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 recoductment's effective date on the Department of State's records.	quirements, this date will 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 by the shareholders was/were sufficient for approval.	or the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the a	
"The number of votes cast 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 act action was not required.	ion and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action a action was not required.	and shareholder
Dated	
Signature	
(By a director, president or other officer - if directors or offic	
selected, by an incorporator – if in the hands of a receiver, tru appointed fiduciary by that fiduciary)	istee, or other court
Engage Okumagha	
Enance O Kumagha (Typed or printed name of person signing)	
President	
(Title of person signing)	