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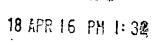
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Essential Recovery			
DOCUMENT NUMBI	ER: P18000018529			
	f Amendment and fee are su	abmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
1	.azaro Alfonso			
		Name of Contact Person	1	
F	Essential Recovery			
-	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	, <u>, , , , , , , , , , , , , , , , , , </u>	
2	35 Sedonia Ave apt 218			
_		Address		
N	Mami, Florida 33134			
		City/ State and Zip Cod	¢	
Lazaro	alfonso2@gmail.com			
	-	sed for future annual report	natification)	
	E-man address. (to be d	sed for fatare annual report	HOTH CAUGH?	
For further information	concerning this matter, plea	se call:		
Lazaro Alfonso		at (201	927-8533	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depo	irtment 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. I	ng Address diment Section ion of Corporations 30x 6327 hassee, F1, 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Essantial Recovery	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
18000018529	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendme
. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or vord "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	2782 SW 32nd CT
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Miami, FL 33133
Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	A SECURITION OF THE PROPERTY O
 If amending the registered agent and/or registered office adenew registered agent and/or the new registered office addresses. 	
new registeren agent and/or tile new registeren office addre.	<u>55:</u>
Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ager	nt.
hereby accept the appointment as registered agent. I am familian	
, , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
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 = 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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1)Change	p		Lazaro Alfonso	2782 SW 32nd CT
X Add		_		Miami, FL 33133
Remove				
2) Change				
Add				
Remove				
3) Change	****	_		
Add				
Remove				
4) Change				
Add			•	
Remove				
5) Change				
Add				
Remove				
A) Chara				
6) Change				
Add				
Remove				

ttach <i>additional s</i>	ding additional Art heets, if necessary).	(Be specific)				
						
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	re-					
						
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····				······································	, <u> </u>	
						
		_				
 -		37-11				
_						
an amendment p rovisions for im	orovides for an exclude plementing the ame	nange, reclassifi endment if not o	cation, or cance contained in the	<u>ellation of issued</u> amendment itse	<u>1 shares.</u> elf:	
(if not applica	ible, indicate N/A)					
						<u> </u>
		····				
						
				·		<u></u> .
					. 7711	

	April 10, 2018	
The date of each amendment(s) ac date this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	block does not meet the applicable statutory filing requirements, this dipartment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment flicient for approval.	(s)
	proved by the shareholders through voting groups. The following staten each voting group entitled to vote separately on the amendment(s):	uent
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	opted by the board of directors without shareholder action and sharehold	ler
The amendment(s) was/were ado action was not required.	opted by the incorporators without shareholder action and shareholder	
4/10/201 Dated	8	
Signature	4 Trans	
(By a d	irector, prospension other officer - if directors or officers have not been	
	d, by an incorporator — if in the hands of a receiver, trustee, or other couted fiduciary by that fiduciary)	rt
	Lazaro Altonso	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	