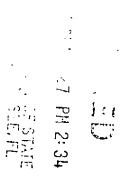
## P18000064840

Office Use Only



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JUN 1 : 2021

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	: AUTO-WORK IN	JURY REHAB MGMT, IN	C
DOCUMENT NUMBER: PI			
The enclosed Articles of Amen		bmitted for filing.	
Please return all correspondence	e concerning this ma	tter to the following:	
NEPTH	ALI CHERUBIN		
		Name of Contact Person	1
		Firm/ Company	
485 S K	IRKMAN RD STE 2	04	
		Address	
ORLAN	DO, FL 32811		
		City/ State and Zip Code	e
NEPH20	012@GMAIL.COM		
E-n	nail address: (to be us	sed for future annual report	notification)
For further information concert	ning this matter, pleas	se call:	
NEPTHALI CHERUBIN		at (407	218-2089 de & Daytime Telephone Number
Name of Contac	et Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the foll	owing amount made	payable to the Florida Depa	artment of State:
	43.75 Filing Fee & ertificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ado Amendment Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee v. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

AUTO-WORK INJURY REHAB MGMT, INC.

(Name of Corporation as currently fi 8000064840		
(Document Number of Co	orporation (if known)	
rsuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> Articles of Incorporation:	rida Profit Corporation adopts the following amend	dment(s
If amending name, enter the new name of the corporation: EPHCARE LAB CORP	The r	Monal .
me must be distinguishable and contain the word "corporation," "comnc.," or Co.," or the designation "Corp," "Inc," or "Co". A pr hartered," "professional association," or the abbreviation "P.A."	pany," or "incorporated" or the abbreviation "Care	n "
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS )		_
		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	,	
If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the	
Name of New Registered Agent	2: 3t	<u>مهد</u>
(Florida street a	ddress)	
New Registered Office Address:	, Florida	_
(Cit	(Zip Code)	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		<del></del> -	<del></del>	
Add				
Remove				
2) Change		<del>_</del>		<del></del> -
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change	<del></del>	_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	sheets, if necessary).	(be specific)			
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	provides for an excl	hange, reclassifica	tion, or cancellatio	n of issued shares,	
an amenoment	piementing the ame	endment if not con	tained in the amen	idment itself:	
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Th. 1.4. 6	04/12/2021
The date of each amendment(s) adoption date this document was signed.	n:, if other than th
04/12/2021	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block do document's effective date on the Departme	oes not meet the applicable statutory filing requirements, this date will not be listed as the ent of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by action was not required.	y the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes east for the amendment(s) t for approval.
☐ The amendment(s) was/were approved be must be separately provided for each verified.	by the shareholders through voting groups. The following statement of our group entitled to vote separately on the amendment(s):
"The number of votes cast for the	amendment(s) was/were sufficient for approval
by	**
Dated  Dated  Signature  By a director, selected, by an appointed fiduces	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)  THALI CHERUBIN
<del></del>	(Typed or printed name of person signing)
CEO	
	(Title of person signing)