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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION:	ALTH SERVICES INC		
DOCUMENT NUM	IBER: P19000002184			
	s of Amendment and fee are so	abmitted for filing.		
Please return all corr	espondence concerning this ma	atter to the following:		
	JORGE L MEDEROS POM	ВО		
		Name of Contact Perso	n	
	ALL SKILLS HEALTH SEE	RVICES INC		
		Firm/ Company		
	1105 W OKEECHOBEE RE	DAPT 10		
		Address		
	HIALEAH, FL 33010			
	.	City/ State and Zip Cod	e e	
	w / , ,	and was in	/	
	E-mail address: (to be u	Z∈@EMAIL.COM sed for future annual report	notification	
	12 man address, 100 oc d	oca ioi initire ainitir reperi	Treation?	
For further information	on concerning this matter, plea	se call:		
JORGE L MEDERO	S POMBO	786 at (378-3867	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	irtinent of State:	
■ \$35 Fiting 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		Street	Address	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations		
), B0x 6527 lahassee, FL 32314		Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ALL SKILLS HEALTH SERVICES INC

(Name	of Corporation as currently	filed with the Florida Dept.	of State)
P19000002184			
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 602 its Articles of Incorporation:	7,1006, Florida Statutes, this Fl	lorida Profit Corporation ado	opts the following amendment(s) to
A. If amending name, enter the new i	name of the corporation:		
name must be distinguishable and co. "Corp.," "Inc.," or Co.," or the desig word "chartered." "professional associ	nation "Corp." "Inc." or "Co	o". A professional corporati	
B. Enter new principal office address			· _
(Principal office address <u>MUST BE A.</u>	STREET ADDRESS)		
			100
C. Enter new mailing address, if app (Mailing address <u>MAY BE A POST</u>			
D. If amending the registered agent a new registered agent and/or the new registered agent and new registered agent agen		ss in Florida, enter the name	of the
Name of New Registered Agent	JORGE L MEDEROS POM	ВО	
	1105 W OKEECHOBEE RE	O APT 10	
	(Florida stree	t address)	
New Registered Office Address	. НТАЦЕАН :	!	Florida
	ı C	ેંમુંલ	(Zip Code)
New Registered Agent's Signature, if			
I hereby accept the appointment as regis	stered agent. I am familiar wit	th and accept the obligations of	of the position.
	45		
7	X, Signature of New Reg	gistered 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.

$\frac{X}{X}$ Change	<u>1.1.</u>	John D	<u>oe</u>	
X Remove	<u>v</u>	Mike Ju	<u>ones</u>	
X Add	<u>SV</u>	Sally S	mith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	P	_	ANGELA M CARDENAS.	1105 W OKEECHOBEE RD APT
Add				HIALEAH FL 33010
X Remove				
2) Change	۱۶	_	JORGE I, MEDEROS POMBO	1105 W OKEECHOBEE RD APT
X Add				HIALEAH FL 33010
Remove				
3.) Change	· · · · · · · · · · · · · · · · · · ·	_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	If amending or adding additional Artic Attach additional sheets, (f necessary).			
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(if not applicable, indicate N/A)	provisions for implementing the amen	dment if not contained in the amer	idment itself:	
	(if not applicable, indicate N/A)			
		_		

	08-22-2019	
The date of each amendment(s) a date this document was signed.	idoption:	, if other than the
Effective date if applicable:		
	(no more than 90) days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date wite partment of State's records.	If not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ac by the shareholders was were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were accion was not required.	lopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ac action was not required.	opted by the incorporators without shareholder action and shareholder	
08-22-201 Dated		
(I b a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	_
,	JORGE L MEDEROS PONIBO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	