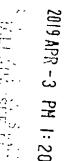
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C. GOLDEN APR 1 1 2019

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION:VIDA MEDICAL	REHAB CORP	
DOCUMENT NUMBI	P10000003.466		
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
I	LUIS F. JACOBO		
_	-	Name of Contact Person	
J	ACOBO & ASSOCIATES.	INC.	
_		Firm/ Company	<del></del>
(	5220 W 21ST CT	Company	
_	<u> </u>	Address	
i	HALEAH, FL 33016		
_		City/ State and Zip Code	2
INFO	DJACOBOTAX.COM		
	=	sed for future annual report	notification)
	,	•	
For further information	concerning this matter, pleas	e call:	
LUIS F. JACOBO		at (	556-0044
Name of	Contact Person	at ( Area Co	de & Daytime Telephone Number
			•
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment of State:
S35 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.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

VIDA MEDICAL REHAB CORP

2019 APR -3 PM 1:20

Fknown)
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Corporation adopts the following amendment(s)
776
" or "incorporated" or the abbreviation
ssional corporation name must contain the
anton the name of the
, enter the name of the
<del></del>
El: Ja
Florida

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MORALES HERMOSO, MARITZA	21201 SW 97 CT
Add			MIAMI, FL 33189
X Remove			
2) Change			
Add			
Remove			<u> </u>
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5/ Change			
Add			
Remove			
Character Character			
6) Change			
Add			
Remove			

f 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)		<mark>lditional Artic</mark> f necessary).	(Be specific)				
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(if not applicable, indicate N/A)		nting the ame	ndment if not c	ontained in the	amendment it	self:	
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	03/29/2019	
The date of each amendment(s) adoption date this document was signed.	:	, if other than
Effective date <u>if applicable</u> :		
	(no more than 90 days after	amendment file date)
Note: If the date inserted in this block document's effective date on the Departme		bry filing requirements, this date will not be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopted by the shareholders was/were sufficient		votes cast for the amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each v	by the shareholders through voting oting group entitled to vote separat	groups. The following statement tely on the amendment(s):
	amendment(s) was/were sufficient	
by	(voting group)	,"
	(voting group)	
☐ The amendment(s) was/were adopted b action was not required.		
☐ The amendment(s) was/were adopted b action was not required.	y the incorporators without shareho	lder action and shareholder
03/29/2019 Dated		
Signature		
By a director	president of other officer - if direc	ctors or officers have not been
selected, by a	n incorporator – if in the hands of a	receiver, trustee, or other court
appointed fid	iciary by that fiduciary)	
MILA	NES VALLE, LOREDANA	
<del></del> -	(Typed or printed name of per	rson signing)
PRES	IDENT	
	(Title of person sig	gning)