P19000 063 204

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Pro Behab and med Center COSP.				
DOCUMENT NUMBER: <u>P19000063204</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Yevice Tobella Morales Name of Contact Person Pro Rehab and med center corp. Firm/ Company HISO west Flagter St. STE 14 Address				
miami FL, 33/74/ City/ State and Zip Code				
Pro Pehrb Curd med Center Corp. E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Yeuia Tobella morales - at (305) 491 - 2019 Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

- ;

Articles of Amendment to Articles of Incorporation

Problemb and med center co	P
(Name of Corporation as currently	filed with the Florida Dept. of State)
219000063204	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association." or the abbreviation "P.	" "company," or "incorporated" or the abbreviation of the abbrevia
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	11180 west Flagler St 3+514, micmi FL, 33174
	5+614, MICHILIFE, 331.79
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office addressive registered agent and/or the new registered office address:	ss in Florida, enter the name of the
	a marcha
Name of New Registered Agent Yewia Tobell	<u>a morales.</u>
(Florida stree	t address)
1	
New Registered Office Address: 111 80 Gest Flag	less, ste 14, mi ami Florida 33174
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the second se	th and accept the obligations of the position.
Mu	
Signature of New Res	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.

Example: X Change	<u>PT</u>	John Doo	2	
X Remove	\underline{V}	Mike Jon	<u>nes</u>	
<u>X</u> Add	<u>sv</u>	Şally Sm	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	P	_	Yevia Tobella movales	936 NW 44th AVE
Remove				33126
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change			·	
Add				
Remove				
6) Change	***			
Add				
Remove				

. If amending or adding additional sheets, if ne	ional Articles, enter cessary). (Be spec				
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If an amendment provides for provisions for implementing (if not applicable, indicate)	<u>the amendment if</u>	lassification, or contained in	ancellation of issu the amendment it	ed shares, tself:	
			 		
					
				 	

The date of each amendment(s) adoption: OCTOBER 33-3019 date this document was signed.	, if other than the
Effective date if applicable: ACSOST 66, 2019 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated $10-22-19$	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Yewia Tobella morales. (Typed or printed name of person signing)	
President. (Title of person signing)	