Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : ALLSTATE MEDICAL CONSULTING, INC.

Account Number : I20110000067 Phone : (786)362-0124 Fax Number : (305)675-0701

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

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COR AMND/RESTATE/CORRECT OR O/D RESIGN WELLNESS COMMUNITY THERAPY CENTER INC

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Articles of Amendment to Articles of Incorporation of

2022 HAY 24 PM-12 06

SECTIONARY OF STATE

| WELLNESS COMMUNITY THERAPY CENTER INC | 4 \$ \$ 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
|---|--|
| (Name of Corporation as c | surrently filed with the filorida Dept. of State) |
| P20000009718 | |
| (Document Nu | umber of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statuto its Articles of Incorporation: | ies, this Florida Profit Corporation adopts the following amendment(|
| A. If amending name; enter the new name of the corporate | tion: |
| name must be distinguishable and contain the word "corporat "Inc.," or Co.," or the designation "Corp." "Inc," or "C "chartered," "professional association," or the abbreviation | The naw thun," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word of "P.A." |
| B. Enter new principal office address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS | () |
| | |
| C. Entér new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX) | |
| D. If amonding the registered agent and/or registered offi new registered organt and/or the new registered office of | ice address in Florida, enter the name of the address: |
| Name of New Registered Agent | |
| | |
| (PR | orida street address) |
| New Registered Office Address: | , Florida (Zip Code) |
| | |
| Now Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fai | Agent: Intermediate the obligations of the position. |
| Signatur s of | New Registered Agent, if changing |
| Check if applicable The amendment(s) is/are being filed pursuant to s. 607.012 | |

From: SAUL ACOSTA 13056750701 Page: 3 of 5 2022-05-24 19:09:16 GMT

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 now 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example:

| X Change | <u>PT</u> | John Duc | |
|----------------------------|--------------|-------------------|--------------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Aution (Check One) | <u>Title</u> | Name | Address |
| 1) Change | P | HERNANDEZ, RAJNOA | 6955 NW 77 AVE 407 |
| Add | | | MIAMI, FL 33166 |
| X Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove Change | | | |
| Add | | | |
| Remove | | | <u></u> |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5)Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

From: SAUL ACOSTA

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| provisions for implementing the ame | nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
| f an amendment provides for an exch provisions for implementing the ame (If not applicable, indicate N/A) | innge, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
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| provisions for implementing the nanc (If not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself; |

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From: SAUL ACOSTA

| | 05/24/2022 |
|---|--|
| The date of each amendment(s) a date this document was signed. | doption:, if other than the |
| Effective date if applicable: | |
| | (no more than 90 days after amendment file date) |
| Note: If the date Inserted in this the document's effective date on the D | plock does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records. |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were ad action was not required. | opted by the incorporators, or board of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were ad by the shareholders was/were s | opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval. |
| musi be separately provided for | proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s): for the amendment(s) was/were sufficient for approval |
| | |
| by | (voting group) |
| 05/24/202 Dated Signature | CHI. |
| selecte | frector, president or other officer — If directors or officers have not been id, by an incorporator — if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary) |
| | ASENCIO ANDALIA , ROGER |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |

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