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.

(((H20000352792 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page	Doing
so will generate another cover sheet.	Dome

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE,

Account Number : 120000000019 Phone : (305)552-5973

Fax Number

: (305)675-5944

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

Email	Address:_	
-------	-----------	--

## COR AMND/RESTATE/CORRECT OR O/D RESIGN EL SOL MENTAL HEALTH CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

/10/2020	13:48	3052201440	LAZARUS CORPORATE	PAGE 02/02
		•	·	
				*
			Articles of Amendment	-1 1: 1:
		_	Articles of Incorporation	
		C 50/ 4	len ta / Health Corp	
Florida	Document	Number: P20	0000062057	-
Pursuan	it to the pro	ovisions of section 6	07.00	
Iollowin	ng amendn	nent(s) to its Articles	07.1006, Florida Statutes, this Florida Profit Co	Prporation adopts the
_ (	HA	NGE AD	1107	
26	64	Dalus 1.	( Principal	& Mailing \
<u></u>	/-	THE PAUL	Healigh F 93010	
These artic	alaa a.e.		10/0/20	
		ndment were adopted o		
The corpor	ration has o	nly one group of votin	g stock. This amendment was approved by the sharm approval.	holders and the number of
		Det was sufficient for	approval.	and the manner of
			freu !	
		INES	Signature Solores Jumps Hes. Printed Name and Title	and (P.) J. 1
New Regis	stered Agent cept the appo	t's Signature, if changi intment as registered ago	ing Registered Agent: ent. I am familiar with and accept the obligations of the p	ositio-