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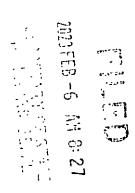
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COVER LETTER

TO: Amendment Section Division of Corporations

v	SOUTH FLO	DINA ROJAVIOSA	L HEALTH CORP		
DOCUMENT NUMBI	200		C HEACIH, CORT		
DOCOMENT MONIN	ER: 1 210000	313.0			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
	ALBERTO	LEY			
_		Name of Contact Person	n		
_	South Floring	BEHAVIOR Firm/ Company	AL HEALTH (ort	
	13335 JW1	24 5+ #1	03		
_		Address			
1	MIAMI, FLO	1210A 33	186		
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	arbert @	lifetimeth	C. COM		
-		sed for future annual report			
For further information	concerning this matter, pleas	se call:		,. n	
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ALBERT			<u> 322-8843</u>		
Name of	Contact Person	Area Co	de & Daytime Telephone Nur	mber :	ند بنی اسم آر
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:		*128***3
\$35 Filing Fee	□\$43.75 Filing Fee &	□\$43.75 Filing Fee &	□\$52.50 Filing Fee		ي. دورو
	Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	27	
_		~			
Mailing Address Amendment Section		Street Address Amendment Section			
Division of Corporations		Division of Corporations			
	Box 6327		entre of Tallahassee N. Monroe Street, Suite 810	า	
t allai	nassee, FL 32314	24101	a, montoc succi, suite o it	J	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	120 MONIORON HOOSEN, Corp.	
	ration as currently filed with the Florida Dept. of State)	
128/0000 373	<i>OT</i> •	
(Doc	cument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	e corporation:	
	The new	
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abo	"corporation," "company," or "incorporated" or the abbreviation "Corp.," nc," or "Co". A professional corporation name must contain the word obreviation "P.A."	
B. Enter new principal office address, if applica	ıble:	
(Principal office address <u>MUST BE A STREET A</u>		
		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>)	<u>BOX</u>)	
D. If amending the registered agent and/or regis	istered office address in Florida, enter the name of the	
new registered agent and/or the new register		
Name of New Registered Agent]
		25 5 16
	The state of	ere J
New Registered Office Address:	(City) Florida (2ip Code)	هنده:
New Registered Agent's Signature, if changing F	Registered Agent: 11. I am familiar with and accept the obligations of the position.	
Thereby accept the appointment as registered agen	a. Tum jumma. The und uccept the obligations of the position.	

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	PT John Doe		
X Remove	<u>V</u> <u>Mike Jones</u>		
X Add	SV Sally Smith		
Type of Action (Check One)	<u>Title</u> <u>Name</u>		<u>Addres</u> s
1) X Change	VP ALBERT	to Rojas dr	10104 5W139 Place
Add			MIAMI, FL 33 186
Remove	. 10		
2) Change	VP ALBER	TO LEY	15054 5W 108 TERK
X Add			MIAMI, FL 33186
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		12-1	
Add			
Remove			
6) Change			
Add			
Remove			

	sheets, if necessary	rticles, enter chang i). (Be specific)			
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		vchange reclassific:	ation, or cancellat	ion of issued shares,	
f an amendment	orovides for an ex				
f an amendment provisions for in	provides for an eluplementing the au	mendment if not co	ntained in the am	endment itself:	
provisions for in	provides for an exumplementing the an exable, indicate N/A)	mendment if not co	ntained in the am	endment itself:	
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The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements partment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the ame fficient for approval.	endment(s)
	roved by the shareholders through voting groups. The followin each voting group entitled to vote separately on the amendmen	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by Govern	ny Bunko "	
,	(voting group)	
	rector, president or other officer – if directors or officers have rel, by an incorporator – if in the hands of a receiver, trustee, or o	
	ed fiduciary by that fiduciary)	
i	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	