

P 93000046136

500008157335

10-02-02 01052-009

#35

FILED
05 OCT 17 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend.

C. Goulette OCT 17 2005

09:55

Alter CRS By Letter ID

10/17/05

Mail Letter to:EXPRESS CORPORATE FILING SERVICE INC.

Pull Forward(Y/N):N

Name/Addr only(Y/N):

From: TALLAHASSEE St:FL Zip: - Cntry:
Fax: - - Delivery:MAIL Acct Num: Acct Charged: 0.00

Charter Number:P00000021784 Fax Audit/Tracking Number:500008157335 Status:

Letter Date:10/02/02 File Date:03/02/2000 Effective Date: / /

User Dates: / / / / / / Ra Resign: / /

Corporate Name:DIVERSIFIED CONSTRUCTION & RESTORATION, INC.

St/Cntry:FL

Country:

AR Date:05/14/2002 AR Year:2002 Last Transaction Date: / /

Amendment File Date: / / Amend Eff Date: / / Type:

Old Name:

File Amt: 0.00 Amt Avl: 0.00 Dep Tot: 35.00

Letter Text:00678 00542 02544 00671 1

COS: 0 CC: 0 FEES: 0

Immediate Print:N

Num of Copies:2 Print Que:LASER40_PS Verify:Y Deposit10/02/02 01052 009



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

October 2, 2002

EXPRESS CORPORATE FILING SERVICE INC.

TALLAHASSEE, FL

SUBJECT: DIVERSIFIED CONSTRUCTION & RESTORATION, INC.
Ref. Number: P00000021784

We have received your document for DIVERSIFIED CONSTRUCTION & RESTORATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The amendment must be signed by an incorporator if adopted by the incorporators or by a director if adopted by the directors.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 002A00055520

Please Apply this Credit
On this New doc.

RECEIVED
OCT 17 AM 8:44
Filing
Unit
Tallahassee, Florida

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Direct Nursing Assistance, Inc.
(Corporation Name) (Document #) 093000046136
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

Articles of Amendment
to
Articles of Incorporation
of

DIRECT NURSING ASSISTANCE, INC.

(Name of corporation as currently filed with the Florida Dept. of State)

P93000046136

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered," "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (**BE SPECIFIC**)

PLEASE NOTE THAT THE NEW BOARD OF DIRECTORS WILL BE
AS FOLLOWS:

CARLOS ALBERTO CARRION (PD) & REGISTERED AGENT

4445 WEST 16TH AVE - SUITE 314 - HIALEAH, FL 33012

NOTE THAT THE NEW PRINCIPAL AND MAILING ADDRESS
WILL BE: 4445 WEST 16TH AVE - SUITE 314 - HIALEAH, FL 33012

(Attach additional pages if necessary)

If an amendment provides for 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)

CARLOS ALBERTO CARRION 100% SHAREHOLDER

(continued)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: OCTOBER 13, 2005

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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 _____."
(voting group)

- ☒ 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.

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)

→ RODOLFO AENLLE

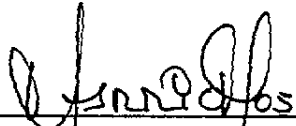
(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the articles, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

A handwritten signature in black ink, appearing to read 'Carlos Alberto Carrion', written over a horizontal line.

CARLOS ALBERTO CARRION
REGISTERED AGENT