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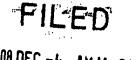
12/8/08

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Clara del Risco-Chavez, P.A.				
DOCUMENT NUME	BER: <u>P99 000</u>	03008		
The enclosed Articles	of Amendment and fee a	re submitted for filing.		
Please return all corres	spondence concerning thi	is matter to the following:		
	Clara del Risco	-CO-use-st Person		
	(Name o	of Contact Person)		
<u>Clar</u>	a del Risco-Chav (Fir	rm/Company)		
3350	SW 148th Ave., S	uite 203, Miramar, l	FL 33027	
	Miramar, FL 33	•		
		tate and Zip Code)		
For further information	n concerning this matter,	please call:		
Clara del	Risco Contact Person)	at (<u>954</u>) <u>559-0'</u> (Area Code & Daytime		
Enclosed is a check fo	r the following amount n	nade payable to the Florida De	partment of State:	
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Addr Amendment Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of



2000 DEC -4 AM 11: 34

Clara del Risco-Chavez, P. (Name of Corporation as current	SECRETAR tly filed with the Florida Dept. 48	RY OF STATE
Pageoman) COMOR
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, following amendment(s) to its Articles of Incorpo	Florida Statutes, this Florida Prof.	it Corporation adopts the
A. If amending name, enter the new name of t	he corporation:	
Clara del Risco, P.A.		
The new name must be distinguishable and "incorporated" or the abbreviation "Corp.," ", "Co". A professional corporation name association," or the abbreviation "P.A."	Inc.," or Co.," or the designation	"Corp," "Inc," or
B. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u> D. If amending the registered agent and/or reg		nter the name of the
new registered agent and/or the new registe		
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida
****	(City)	(Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:	
hereby accept the appointment as registered coosition.		cept the obligations of the
Sig	nature of New Registered Agent, if c	hanoino

Attach aa	ditional sheets, if necessary)	of each Officer and/or Director being	<u> auueu:</u>
<u> Fitle</u>	<u>Name</u>	Address	Type of Actio
			D Add
			Remove
			Remove
			🗖 Add
		-	
provi		xchange, reclassification, or cancella nendment if not contained in the ame	
provi	sions for implementing the an		
provi	sions for implementing the an		
provi	sions for implementing the an		

The date of each amendment	t(s) adoption: 8/1/08
Effective date if applicable:	8/1/08
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(ere sufficient for approval.
	are approved by the shareholders through voting groups. The following statement 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)
action was not required.	re adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder action and shareholder
sele	director, president or other officer – if directors or officers have not been cted, by an incorporator if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Clara del Risco (Typed or printed name of person signing)
	President
	(Title of person signing)