Perce 120551

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Cı	ity/State/Zip/Phone	<i>⇒</i> #)
PiCK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	
i		i

Office Use Only



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2017 JUL -5 AM 10: 1

Part 1 and

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	: HARM	ONY	CARE	HOME	"INC"
DOCUMENT NUMBER:	PU	<u>600012</u>	0551		
The enclosed Articles of Amer	udment and fee are su	ibmitted for	tīling.		
Please return all corresponden	ce concerning this ma	itter to the f	ollowing:		
		ILDIK	0 TO	TH	
	Name of Contact Person				
	401 SW 4		n/Company e App f	605	
	Tert	Caviler	Address' dale nte and Zip Code	333/5	
——————————————————————————————————————	MATTE				1
For further information concer	ning this matter, pleas	se call:			
MATE NE	21 Mits		at (<u>954</u>	, 478 X	56
					phone Number
Enclosed is a check for the fol	lowing amount made	payable to t	he Florida Depa	rtment of State:	
S \$35 Filling Fee □S	43.75 Filing Fee & fertificate of Status	Certifi	Filing Fee & ed Copy onal copy is ed)	□\$52.50 Filing F Certificate of S Certified Copy (Additional Copis enclosed)	tatus
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahasson, El. 32314			Amend Divisio Clifton	Address ment Section n of Corporations Building	olo.

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

HAI	RMONY
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CHANC

HARTION CARE HUTTE TUL	<u> </u>
(Name of Corporation as currently filed with the Florida Dept. of State)	1,'0
P 06,000 Q 055 (U.
(Document Number of Corporation (if known)	-9
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following an its Articles of Incorporation:	nendme
A. If amending name, enter the new name of the corporation:	
Th	e new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbre "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contword "chartered." "professional association," or the abbreviation "P.4."	<i>zviation</i>
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. <u>If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:</u>	
Name of New Registered Agent 11.01160 TOTH	
60156 44 Ave Apt 605 Fort Caudendale; FC, 33315	
New Registered Office Address: For Landerdale Florida 333/5	<u> </u>
(City) (Zip Code	·)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature of New Registered Agent, if changing	

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 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.

Mike Jones, V as Remo Example:	we, and Sally Smi	ith, SV as an Add.	
X Change	PT John	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	PTSD	SZABO SANUOR	534 SE Thunksgiving Ave
Add Remove			Post ST Cocie FC, 349P4
2) Change	<u>(£0</u>	1201KO TOTH	401 SW 4th Ave Apt 605 Fort laiderdale
<u></u> Add Remove			£6, 33315
3) Change Add			
Remove			
4) Change			
Remove			
5) Change			
Add Remove			
o) Change			
Add			

Attach additional sheets, if necessary). (Be specific)	
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	-
<u>-</u>	
an amendment provides for an exchange, reclassification, or cancell	lation of issued shares.
provisions for implementing the amendment if not contained in the a	mendment itself:
(if not applicable, indicate N/A)	
-	
	
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·	
	<u> </u>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 06/30/2017	
(no more than 90 days after amena	lment file date)
Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes c by the shareholders was/were sufficient for approval.	east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups must be separately provided for each voting group entitled to vote separately on	
"The number of votes cast for the amendment(s) was/were sufficient for app	oroval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sharehold action was not required.	er action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder ac action was not required.	tion and shareholder
Dated $06/30/2017$	
Signature (By a director, president or other officer – if directors or selected, by an incorporator – if in the hands of a receive appointed fiduciary by that fiduciary)	
(Typed or printed name of person sig	
(Typed of printed name of person sig	ning)
PTSD	
(Title of person signing)	