P11000005601

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SERVIVITA NUR	RSE CARE , CORP.		
	BER: P11000005601			
	s of Amendment and fee are su	abmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	LAZARO O BORGES			
		Name of Contact Person	n	
	SERVIVITA NURSE CARE	CORP.		
		Firm/ Company		
	2750 SW 87TH AVE SUITE	• •		
		Address		
	MIAMI FL 33165	1100.000		
		City/ State and Zip Cod	e	
SER	VIVITABORGES@YAHOO.	COM		
		sed for future annual report	notification)	
	,		,	
For further information	on concerning this matter, pleas	se call:		
LAZARO BORGES		786	227-9974	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ma	iling Address	Street	Address	
	endment Section		lment Section	
	rision of Corporations		on of Corporations	
	D. Box 6327		Building	
t at	lahassee, FL 32314	∠661 b	xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

SERVIVITA NURSE CARE, CORP

P11000005601 (Document Number of Co Pursuant to the provisions of section 607.1006, Florida Statutes, this Florits Articles of Incorporation: A. If amending name, enter the new name of the corporation:		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:		
its Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s	
A. If amonding name, onter the new name of the corneration:		
A. If amending name, enter the new name of the corporation.		
EFIGIE, CORP.	The new	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" word "chartered." "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation . A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	2750 SW 87TH AVE SUITE 206	
(Principal office address MUST RE A STREET ADDRESS)	MIAMI FL 33165	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2750 SW 87TH AVE SUITE 206	
	MIAMI FL 33165	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the	
Name of New Registered Agent		
(Florida street a	(Muses)	
[1 total street i	uaress)	
New Registered Office Address:	, Florida	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 = Ch Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each off 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 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 Chank Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3)Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	.=		
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary	v). (Be specific)	<u>re</u> :	

	·		
an amendment provides for an e	xchange, reclassification, o	r cancellation of issued	shares.
provisions for implementing the a (if not applicable, indicate NA)	menament it not contained)	in the amendment itself	<u>l:</u>
			
A			

	09/01/2019	
The date of each amendment(s) a date this document was signed.	idoption:	, if other than (
	01/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment fi	le date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirepartment of State's records.	rements, this date will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes east for ufficient for approval,	the amendment(s)
` '	proved by the shareholders through voting groups. The far each voting group entitled to vote separately on the amount	•
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	lopted by the board of directors without shareholder action	n and shareholder
☐ The amendment(s) was/were adaction was not required.	lopted by the incorporators without shareholder action and	I shareholder
09/03/201 Dated	9	
Signature	Some	
(By a select	director, president or other officer – if directors or officered, by an incorporator – if in the hands of a receiver, trust inted fiduciary by that fiduciary)	
	LAZARO O BORGES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	