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2023 FEB 13 AM 7:5;

A. PUTLER

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: TWO SISTERS H	OME CO. II		
DOCUMENT NUMBER				
The enclosed Articles of A	mendment and fee are su	bmitted for filin	g.	
Please return all correspon	dence concerning this ma	tter to the follow	ving:	
, MA	RLENE VILARINO			
•		Name of Co	ntact Person	1
TW	O SISTERS HOME CO.	П		
		Firm/ Co	ompany	
123	35 NW 98 AVE			
		Add	ress	
1112	ALEAH GARDEN, FL 33	8018		
		City/ State a	nd Zip Code	
mvi	larino@hotmail.com			
<u>-</u>	E-mail address: (to be us	sed for future an	nual report	notification)
For further information co	ncerning this matter, pleas		786	897-0734
Name of Co	ontact Person	at (_	Area Coo) 897-0734 de & Daytime Telephone Number
Enclosed is a check for the				
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Fili Certified C (Additional enclosed)	ору	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Division P.O. Box	nent Section of Corporations		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, Fl. 32303

Articles of Amendment to Articles of Incorporation of

TWO SISTERS HOME CO. II

2023 FEB 13 AH 7.5

(Name of Cornoration	on as currently fi	ed with the Florida D	ent. of State)	13 AH -
P12000100183			Spor VI Starte	
(Docum	nent Number of Co	orporation (if known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Floa	rida Profit Corporation	adopts the following a	amendment(s) to
A. If amending name, enter the new name of the co	orporation:			
TWO SISTER'S HOME CARE II CORP.			7	he new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp." "Inc," "chartered." "professional association," or the abbre	" or "Co". A pi			
B. Enter new principal office address, if applicable	<u>:</u>			
(Principal office address <u>MUST BE A STREET ADD</u>	DRESS)			
	-			
	_			
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO.	<u>X</u>) _			
	_		·	
	_			
D. If amending the registered agent and/or register	red office address	in Floridy enter the	name of the	
new registered agent and/or the new registered		m riorida; enter the	tame of the	
Name of New Registered Agent				
			.	
	(Florida street o	iddress)		
New Registered Office Address:			, Florida	
	(Cit	ソ	(Zip Coo	le)
New Registered Agent's Signature, if changing Reg	istand August			
I hereby accept the appointment as registered agent.	l am familiar with	and accept the obligat	ions of the position.	
Siona	ature of New Regis	tered Agent, if changin	······································	
5,5,	,			

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)

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.

Example:

X Change	<u>PT</u>	John Doe		
\underline{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>		Address
l) Change				
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				V-1117
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/4)		or adding additional Aronal sheets, if necessary).	(Be specific)	*		
provisions for implementing the amendment if not contained in the amendment itself:						
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(if not applicable, indicate N/A)	provisions fo	or implementing the am	endment if not co	ntained in the am	endment itself:	<u> </u>
		plicable, indicate N/A)				
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02/06/2023	
	if other than th
date this document was signed.	
02/06/2023	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	ot be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and sha action was not required.	areholder
The amendment(s) was/were adopted 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)	
02/06/2023 Dated	
Signature (1) 1 Day Sand	
Signature	
selected, by an incorporator — if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
appromed nedetally by that indentally)	
MARLENE VILARINO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

. . .