P13000052759

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	ORATION: Lauren Family Car	re Inc.			
	IBER: F13000052759				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Clement Smith				
	Name of Contact Person				
	Lauren Fmily Care Home				
	Firm/ Company				
	20236 Peachland Blvd				
	Address				
	Port Charlotte FL. 33954				
		City/ State and Zip Cod	e ·		
clen	nnsmith l@embarqmail.com				
	•	sed for future annual report	notification)		
		Total Control of Minday (Epoch	Town Carron 7		
For further informati	on concerning this matter, pleas	se call:			
Clement Smith		at (<u>941</u>	764-7461		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment 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 Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, Fl. 32303		

Articles of Amendment to Articles of Incorporation of

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

Lauren Family Care Inc P13000052759)				
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporati	on adopts the following	ng amendi	ment(s) to
A. If amending name, enter the new na	ame of the corporation:				
Clement Smith Adult Family Care Home	Inc.			The n	(* \ \'
name must be distinguishable and contain "Inc.," or Co.," or the designation "Coartered," "professional association,"	lorp," "Inc." or "Co".	A professional corporation		on "Corp.	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		18377 Winsome Ave			
		Port Charlotte	7:	. 19	-
,		FL. 33948	7.) E	<u>-</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Same as above	: :	- 	この
			T.	۔۔۔ اب	
				, , <u></u>	-
D. If amending the registered agent an new registered agent and/or the new				-	-
Name of New Registered Agent	Clement Smith				
	18377 Winsome Ave Po	rt Charlotte , FL, 33948			
		street address)		_	
New Registered Office Address:	Port Charlotte		, Florida		_
		(City)	ιZip	Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		r with and accept the obliga	utions of the position.		
Millen		Registered Agent, if chang	ing	_	

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	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
<u> </u>	SV	YAMICK'R SMITT	18377 Winson Aic
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			.4
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	
E. <u>If amending or addi</u> (Attach <i>additional she</i>	ing additie eets, if nec	onal Articles, enter change(s) here: essary). (Be specific)	

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		.
		
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
	Page 3 of 4	
The date of each amendment(s) adoption: late this document was signed.	Mement Smith 6	, if other than the
Effective date <u>if applicable</u> : 12/06/2019		
and it appropries.	(no more than 90 days after amendment file date)	_ .

document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) [] The amendment(s) was/were adopted by the shareholders. The number of votes east 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 [] 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) Clement Smith (Typed or printed name of person signing)

Owner PreciDent Clement Sinh 3

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the