P170808 786 21

	(Requestor's Name)		
	(Address)		
	(Address)		
	(City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
	(Business Entity Name)		
	(Document Number)		
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
:			



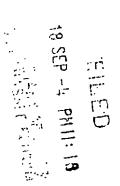


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ASZ CARING HE	ARTS HEALTHCARE, I	NC.			
DOCUMENT NUMB	ER: P17000078621					
	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	KAYLON ADAMS					
•		Name of Contact Person	n			
	ASZ CARING HEARTS, INC.					
-		Firm/ Company				
	2800 W OAKLAND PARK BLVD SUITE 203					
-	Address					
	OAKLAND PARK, FL. 33311					
•		City/ State and Zip Cod	e			
ACCO	OUNTINGSERVICES@BX	P1.CCM				
	E-mail address: (to be us	sed for future annual report	notitication)			
For further information	concerning this matter, pleases	se call: at (569-6152			
Name o	f Contact Person	at (Area Co	de & Daytime Telephone Number			
	the following amount made					
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)			
Ame Divis P.O.	ing Address Indigent Section Indigent Se	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations of Building Executive Center Circle assee, FL 32301			

Articles of Amendment to Articles of Incorporation of

ASZ CARING HEARTS HEALTHCARE INC

(Name o	of Corporation as current	ly filed with the Florida	Dept. of State)	_
P17000078621				
	(Document Number of	of Corporation (if known)		_
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporat	ion adopts the following amendment(s) to
A. If amending name, enter the new name, asz caring hearts, inc.	ame of the corporation:		v The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional co		
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>				
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>			8 SEP -4 PHII: 15	
D. If amending the registered agent ar new registered agent and/or the ne			e name of the	
Name of New Registered Agent	KAYLON ADAMS			
	2800 W OAKLAND PAI	RK BLVD SUITE 203		
	(Florida st	reet address)		
New Registered Office Address:	OAKLAND PARK		, Florida 33311	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	tered agent. I am familiar			

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	PT	John D	<u>oe</u>				
X Remove	\underline{V}	Mike Jo	Mike Jones				
<u>X</u> Add	<u>sv</u>	Sally S	Sally Smith				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s			
1) Change	۷P		JHONNARRI GRAY	2462 NW 91 AVE			
X Add				CORAL SPRINGS, FL. 33065			
Remove							
2) Change		 -					
Add							
Remove							
3) Change							
Add							
Remove							
4) Change							
Add							
Remove							
5) Change		_					
Add							
Remove				· ·			
6) Change				_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Add							
Remove							

If amending or adding additional Art Attach <i>additional sheets, if necessary).</i>	(Be specific)			
				
			- -	
			*	
				•
			•	
f an amendment provides for an exc	hange, reclassification	on, or cancellation	of issued shares.	
provisions for implementing the am (if not applicable, indicate N/A)	endment it not conta	imed in the amendi	ient usen.	
	,,			
				

	08/24/18	
The date of each amendment(s) ac date this document was signed.	option:, if other t	han
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed partment of State's records.	d as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) (ficient for approval,	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated OS	24/18 4/01 April 2	
(By a d selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	KAYLON ADAMS	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

thc

the