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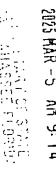
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COF	RPORATION: SUNFLOWER ME	ENTAL SERVICE INC	
DOCUMENT N	UMBER: P20000053556		
	icles of Amendment and fee are su	bmitted for filing.	
Please return all	correspondence concerning this ma	tter to the following:	
	MARILYN DE LOS MILAC	GROS CARDENAS	
		Name of Contact Person	1
	SUNFLOWER MENTAL SE	ERVICE INC	
	<u> </u>	Firm/ Company	
	15713 SW FAIRWAY HEIG	• •	
		Address	<u> </u>
	MIAMI, FL 33157		
		City/ State and Zip Code	e
	MARILYNCARDENAS196	7@GMAILCOM	
		sed for future annual report	notification)
	nation concerning this matter, pleas	se call:	362-2918
N	ame of Contact Person		de & Daytime Telephone Number
Enclosed is a che	ck for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing F	ee	☐\$43.75 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 Division The C 2415 I	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) P20000053556 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) its Articles of Incorporation: A. If amending name, enter the new name of the corporation: SUNFLOWER SERVICES, INC. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.," a professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) MIAMI, FL 33157 MIAMI, FL 33157 D. 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: Name of New Registered Agent MARILYN DE LOS MILAGROS CARDENAS 15713 FAIRWAY HEIGHTS BLVD.	SUNFLOWER MENTAL SERVICE IN	С				
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new registered agent and/or the new registered office address: Name of New Registered Agent MARILYN DE LOS MILAGROS CARDENAS				=======================================	F	
Name of New Registered Agent MARILYN DE LOS MILAGROS CARDENAS						
	Mune of New Registered Agent	15713 FAIRWAY HEIGH	HTS BLVD.	_		
(Florida street address)				-		
New Registered Office Address: MIAMI , Florida 33157	Non-Presistand Office Address	MIAMI	AMI , Florida 33157			
New Registered Office Address. (City) (Zip Code)	New Registered Office Address.			Code)		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Van familiar with and accept the obligations of the position.		M.		_		
I hereby accept the appointment as registered agent. Van familiar with and accept the obligations of the position.		Signature/0f New F	Registered Agent, if changing			

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)

Example:

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.

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) X Change	P	MARILYN DE LOS MILAGROS C.	15713 FAIRWAY HEIGHTS BLV
Add			MIAMI, FL 33157
Remove			
2) Çhange			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or ad (Attach additional)	ding additional Articl sheets, if necessary).	es, enter change((Be specific)	s) here:			
I/A	, ,	, , ,				
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If an amendment	provides for an excha	nge, reclassificati	on, or cancellatio	on of issued shar	·es.	
provisions for im	plementing the amend	iment if not cont	ained in the ame	ndment itself:		
(if not applied	able, indicate N/A)					
/A						
						-
	 					
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		MARCH 1	1ST. 2025	
The date of each ar				, if other than the
date this document v	was signed			
Effective date if ap	plicable:	MARCH 1ST, 2025		
		(no mo	ore than 90 days after amendment file date)	·
		his block does not meet ne Department of State's	t the applicable statutory filing requirement records.	s, this date will not be listed as the
Adoption of Amend	dment(s)	(<u>CHECK O</u>	<u>one</u>)	
■ The amendment(•	e adopted by the incorpor	orators, or board of directors without shareho	older action and shareholder
•		e adopted by the shareho ere sufficient for approval	olders. The number of votes cast for the ame	endment(s)
			holders through voting groups. The followin entitled to vote separately on the amendmen	
"The numb	er of votes	cast for the amendment((s) was/were sufficient for approval	
by MARII	LYN DE L	OS MILAGROS CARDI	DENAS	
· · · · · · · · · · · · · · · · · · ·		(voting grou	ир)	
	FEBR ated	UARY 20 025		
	(B se		r other officer – if directors or officers have a or – if in the hands of a receiver, trustee, or o it fiduciary)	
		MARILYN DE LO	OS MILAGROS CARDENAS	
		(Typed o	or printed name of person signing)	
		PRESIDENT		
		(Title of	f person signing)	

2025 MAR -5 AM 9: 14