## N98000005160

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## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: We Care of Central Florida, Frc.
DOCUMENT NUMBER: N 800005 60
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ashley J. Rivera, CEO. (Name of Contact Person) We Care of Central Horiza, Inc.
(Firm/ Company)
205 farnol St. SW.
(Address)  Winter Haven FL 33880.  (City/ State and Zip Code)
Oshley. rivera & wecare central Florida. org  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ashley J. Rivera at 803 - 462-4227 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing Address Street Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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 X Remove X Add	<u>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	Di <u>rector</u>	Barbara Turner	205 Farnol St. Sw. Winter Havon, FC 33780.
2) Change Add	Director	Donis Navdelli	205 Farnd St. Sw. Winter Haven, FC 33880
Remove 3) Change Add Remove	<del></del>		
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding addition (attach additional sheets, if necess	sary). (Be speci	ific)			
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Board wernher Doard ver No	arblli
The date of each amendment(s) adoption: 47-2016 and (-6-2016)  Effective date if applicable:  (no more than 90 days after amendment file date)	, if other than the
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)  The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated 7-7-2016	
Signature  (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
Board of Director President (Title of person signing)	