## P1700000 2840

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(Business Entity Name)		
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: ALL Ha	to Health Services, INC
The enclosed Articles of Amendment and fee are subm	sitted for filing.
•	·
Please return all correspondence concerning this matter  Racie	Name of Contact Person
8821 M	Firm/Company adrid Cir
Na	ples FL 34104
Gilstate heg E-mail address: (to be used	DIES FL 34104  City/ State and Zip Code  Hh Services (2 mail), com  for future annual report notification)
For further information concerning this matter, please of Racial Gonzal Rozal Name of Contact Person	call:  ln94 239 834 50576  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pay	yable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

	Articles of Amendment		1000
	to Articles of Incorporation		49.
ALLState	Health !	Services IN	C 18 14/1
(Name of Corporati	on as currently filed with	the Florida Dept. of State)	
P 170 000	DO 2840		·
(Docum	nent Number of Corporation	on (if known)	
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	ı Statutes, this <i>Florida Pro</i>	fit Corporation adopts the following	owing amendment(s) t
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the word "c". "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	" or "Co". A profession	or "incorporated" or the abbre	viation "Corp.," ontain the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	$\frac{1}{DRESS}$ ) $\frac{1}{C}$	282 Shiden sh Ster C	te lwy
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	Naples Fl 282 Glden g	: 34116 ate Pwy
		Ste C Vaples F	-L 34116
D. If amending the registered agent and/or registered new registered agent and/or the new registered	red office address in Floo office address:	rida, enter the name of the	
Name of New Registered Agent			<del></del>
		<del> </del>	
	(Florida street address)		
New Registered Office Address:		, Florida	Ch. C. L.
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	<u>gistered Agent:</u> I am familiar with and ac	ecept the obligations of the posi	ition.
Sign	nature of New Registered A	Igent, 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) Change			
Add			
Remove			
2) Change	_		<del></del>
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	icles, enter change(s) (Be specific)			
				<u> </u>
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f an amendment provides for an exc	hange, reclassification	n, or cancellation of	issued shares,	
provisions for implementing the am	endment if not contain	ned in the amendme	<u>nt itself:</u>	
(if not applicable, indicate N/A)				
				<del></del>

The date of each amendment(s) adop	otion:	, if other than the
date this document was signed.	11.150=	$\sim$
Effective date <u>if applicable</u> :	le   11   2021	<u> </u>
	(no more than b0 days after amendn	ent file date)
Note: If the date inserted in this bloc document's effective date on the Depa		requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte action was not required.	ed by the incorporators, or board of directors w	ithout shareholder action and shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffi	ed by the shareholders. The number of votes cacient for approval.	ist for the amendment(s)
	ved by the shareholders through voting groups. ch voting group entitled to vote separately on t	
"The number of votes cast for	the amendment(s) was/were sufficient for app	roval
by		
,	(voting group)	
Dated	0 11 2000	
s: .	Como street	
Signature(By a direction	eter; president or other officer - if directors or	officers have not been
	by an incorporator - if in the hands of a receive	
appointed	fiduciary by that fiduciary)	0 1
_	Raciel Jones	Rodnguez
	(Typed or printed name of person sign	ing)
_	President.	. 🔾
	(Title of person signing)	