

# H 89541

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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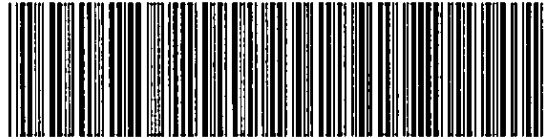
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Direct Nursing Care Services, Inc.

DOCUMENT NUMBER: H89541

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MITIN PATEL.

Name of Contact Person

Direct Nursing Care Services, Inc.

Firm/ Company

7777 Glades Road Suite 101/S1A

Address

Boca Raton FL 33434.

City/ State and Zip Code

Mpatel @ dnccsinc . Com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MITIN PATEL

Name of Contact Person

at ( 954 ) 675-7909

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 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)

**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  
to  
Articles of Incorporation  
of

Direct Nursing Care Services, Inc.

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

H89591

(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) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

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)

7777 Glades Rd. Suite 101/SIA  
Boca Raton, FL  
33434.

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

7777 Glades Rd. Suite 101/SIA  
Boca Raton, FL, 33434.

**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

MITON PATEL

7777 Glades Rd Suite 101/SIA, Boca Raton, FL, 33434  
(Florida street address)

New Registered Office Address:

As Above  
(City)

Florida

(Zip Code)

33434

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**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

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:

☒ Change      PT      John Doe

☒ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- 1) ☒ Change      P      Etaine Salky      9045 LA Fontana Blvd  
Boca Raton FL  
33434
- 2) ☒ Change      St      Etaine Salky      Above Address
- 3) ☒ Remove      VP      Melique Collins      Above Address
- 4) ☒ Change      P      ERICA PATEL      7777 Glades Rd Suite  
Boca Raton, FL W1/S1A  
33434
- 5) ☒ Change      VP      MITIN PATEL      As Above
- 6) ☐ Change      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_
- ☐ Add      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_
- ☐ Remove      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A.

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A.

The date of each amendment(s) adoption: October 6<sup>th</sup> 2021, if other than the date this document was signed.

Effective date if applicable: October 9<sup>th</sup> 2021  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 incorporators, or board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) ~~was~~/were adopted by the shareholders. The number of votes cast 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

by Direct Nursing Care Services  
(voting group)"

Dated 10/22/2021

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)

MITON PATE  
(Typed or printed name of person signing)

Vice President  
(Title of person signing)