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R. WHITE

APR 2 4 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

ESTHER'S GROUP HOME CORPORATION NAME OF CORPORATION:
N01000001205
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michelle Austin Pamies
(Name of Contact Person)
Austin Pamies Norris Weeks
(Firm/ Company)
401 NW 7th Ave
(Address)
Ft. Lauderdale, FL 33311
(City/ State and Zip Code)
maustin@apnwlaw.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michelle Austin Pamies atat
(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 Certificate of Status Certified Copy (Additional copy is enclosed) \$35 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

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ESTHER'S GROUP HOME CORPORATION		SPORTALMORSIATE
(Name of Corporation as o	currently filed with the	Florida Dept. of State
N01000001205		
(Document	Number of Corporation	(if known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida No</i>	t For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorpo	The new rated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	0	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Flor	ida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		(Florida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regination hereby accept the appointment as registered agent. If	stered Agent: ' am familiar with and ac	cept the obligations of the position.
	Signature of New R	egistered Agent, if changing

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: XChange X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	P	Esther Delva	100 KINGS POINT DRIVE #907
Add			SUNNY ISLES, FL 33160
x Remove			
2) Change	P	Myriam Frazil	625 NE 193rd Terrace
x Add			Miami, FL 33179
Remove			
3) Change			
Add			_
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
	<u> </u>
1818 1814 1417	
1 Mary 1 Mart 1 Mart 1 1 Mart	

	April 14, 2018	
The date of each amendmen late this document was signed		, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) approval.	
There are no members or adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
April Dated	1 14, 2018	
Signature///	phairman 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 court appointed fiduciary by that fiduciary)	
М	lyriam Frazil	
	(Typed or printed name of person signing)	
Pr	resident	
	(Title of person signing)	