# N0400006084

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SECRETARY OF STATE OF STATE OF CORPORATION

C. FEMIS
1 501H

### , COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: ALLEA	n's Louis	n6 care Inc
DOCUMENT NUMBER: NO40000	06084	
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Alberta McI	Name of Contact Person	)
AllEAN'S LOVING	6 Care I (Firm/Company)	nc.
1804-26th au	Enue Eas (Address)	5.7
Bradenton, Flori		8
alberta, am fm	en TO Yaho). d for future annual report r	contification)
For further information concerning this matter, please	e call:	
Alberta McInto (Name of Contact Person)	h at (GU) (Area Co	747-6505 ode & Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida Depa	ertment of State:
\$35 Filing Fee	□\$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		Address ment 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

# Articles of Amendment to Articles of Incorporation

PILEU STATE )N2

Article	of	SECRETARY OF STATE DIVISION OF CORPORATION
(Name of Corporation as currently filed with the FI	Care Inc.	14 JUH 17 PM 4: 5
ND40000084	orium sopur ox ounte	
(Document Number of C	Cornoration (if known)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corpora	tion adopts the following
A. If amending name, enter the new name of the corpora	tion:	
		The new
name must be distinguishable and contain the word "corpora	ation" or "incorporated" or the abbrevi	ation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	. 10	
B. Enter new principal office address, if applicable;	<i>NP</i>	
(Principal office address <u>MUST BE A STREET ADDRESS</u>		
C. Enter new mailing address, if applicable:	11/4	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	IV   F1	
5 to 10 10 10 10 10 10 10 10 10 10 10 10 10		
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		of the
Λ	<u> 1/0</u>	
Name of New Registered Agent:	<del>// [-]</del>	
	(Florida street address)	
New Registered Office Address:	(riorida sireel dadress)	
ΛJ	[] Florida	
(City		(Zip Code)
N. D. Januard A. and Cinnatana (Cabana) - D. Januard	• • • • • • • • • • • • • • • • • • •	,
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for		of the position.
A1 ]	4	
Signature of Nev	V Registered Agent, if changing	

Page 1 of 4

## 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	PT John D V Mike Ju SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	I	NAYUSHA Millhouse	AP+#15
Add Remove			Bradenton, HA. 34207
2) Change Add	<u> </u>	TYMESHA MCINYOSH	Bradenton, HA
Remove			34208
3 ) Change	<del></del>	<del></del>	
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			<del></del>
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

If amending or add (attach additional sh	eets, if necessary).	(Be specific)				
	NI	4				
				<u> </u>		
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The date of each amendment(s) a date this document was signed.	adoption: June 1, 2	2014	THEO ECRETARY OF STATE ISION OF CORPORATION	_, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days afte		<del>,</del>	_
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the nu val.	mber of votes cast for	the amendment(s)	
There are no members or men adopted by the board of direct Dated	mbers entitled to vote on the amenda	ment(s). The amend	nent(s) was/were	
Signature (Ry the cha	Lette Melli Airman or vice chairman of the board	d president or other (	efficer-if directors	_
have not h	peen selected, by an incorporator – it appointed fiduciary by that fiduciary	f in the hands of a rec		
Alber	rth metal	osh		
Dr	(Typed or printed name of person esident/Cen	ı signing)		
	(Title of person signing	g)		