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COVER LETTER

TO: Amendment Section Division of Corporations

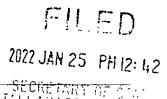
Samaritan Corporation of Hernando County Inc. SAME OF CORPORATION:
N06000004534 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Clyde E. Carter
(Name of Contact Person)
(Firm/ Company)
14620 10th Street
(Address)
Dade City, Florida 33523
(City/ State and Zip Code)
clydecarter75@gmail.com
E-mail address: (to be used for future annual report notification)
for further information concerning this matter, please call:
Clyde Carter 813 953-7263 at
(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 ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee & Certificate of Status (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



Samaritan Corporation of Hernando County Inc.

(Name of Corporation as currently filed with the Florida I	Dept. of State) SECRETARY OF 6- TALLAHASSEE, FIRE		
N06000004534	meeninoott, Hi		
(Document Numb	per of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following		
A. If amending name, enter the new name of the corporat	tion:		
Samaritan Corporation of Pasco County Inc.	The new		
name must he distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."		
B. Enter new principal office address, if applicable:	14620 10th Street		
(Principal office address MUST BE A STREET ADDRESS) Dade City		
	Florida 33523		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 785		
	Dade City Florida33526		
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a			
new registered agent and/or the new registered office a	iudi caa.		
Name of New Registered Agent: 1873			
New Registered Office Address:	(Florida street address)		
	, Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: miliar with and accept the obligations of the position.		
Si	ignature of New Registered 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: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change Add		<u>NA</u>	
Remove			
2) Change Add		<u>NA</u>	
Remove Change Add Remove		<u>NA</u>	
4) Change Add		NA	
Remove			
5) Change Add		NA	
Remove			. ,
6) Change Add		<u>NA</u>	
Remove			
(attach additional shee		icles, enter change(s) here: (Be specific)	
NA			
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The date of each amendment(date this document was signed.	s) adoption:			-	if other than the
==== min accament man netted.	. ()				
Effective date if applicable:	NH				
date this document was signed. Effective date if applicable:	(no more ti	han 90 days after am	endment file date)		
Note: If the date inserted in thi document's effective date on the	s ofock goes not meet	the applicable statut	ory filing requirement	ts, this date will not	be listed as the
Adoption of Amendment(s)	(CHECK	. <u>ONE</u>)			

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
Dated	1/19/2022
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)
	Clyde E. Carter
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)