# N10000009842

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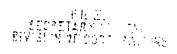
#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	MULTICARE INC		
N10000009842 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are st	abmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
GISELA RAMOS			
	(Name of Contact Perso	n)	
	(Firm/ Company)		
10967 LAKE UNDERHILL RD SUITE 112			
	(Address)	· <u>-</u>	
ORLANDO, FL 32825			
	(City/ State and Zip Cod	le)	
RAMOSG@BELLSOUTH.NET			
E-mail address: (to be us	sed for future annual report	notification	n)
For further information concerning this matter, plea	se call:		
GISELA RAMOS	40 at	)7	568-8704
(Name of Contact Pers		rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of	State:
\$35 Filing Fee  \$43.75 Filing Fee Certificate of Statu	& □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certit Certit (Addi	0 Filing Fee feate of Status fed Copy tional Copy is osed)
Mailing Address			ion

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 of



15 MAY 28 PM 1:00

(Name of Corporation as current	tly filed with the Florida Dept. of State)
N10000009842	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
GLOBAL LIGHT INC	The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	10967 LAKE UNDERHILL RD SUITE 112
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO. FL 32825
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	10967 LAKE UNDERHILL RD SUITE 112
	ORLANDO, FL 32825
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a  Name of New Registered Agent:	ce address in Florida, enter the name of the ddress:
	(Florida street address)
New Registered Office Address	
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	
	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	<u>V</u> <u>Mike</u>	Doe e Jones : Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>V</u>	ROMAN ALMESTICA	1 <del></del>
Add X Remove			
2) Change	T	GENER ALMESTICA	
Add X Remove			
3 ) Change	<u>S</u>	ENID DE LEON	
X Remove			
4)Change		NEGTALINA RODRIGUEZ	
X Remove			
5) X Change	S/TR	ENEIDA SCUOTTO	
Add			
Remove  6) X Change	S/TR	LUZ VELEZ	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
ARTIVLE II, AMENDED FROM: THE CORPORATION IS ORGANIZED AND SHALL BE OPERATED
EXCLUSIVELY AS A CORPORATION NOT-FOR-PROFIT AND FOR CHARITABLE, EDUCATIONAL,
RELIGIOUS OR SCIENTIFIC PURPOSES AND TO PROVIDE HEALTH SERVICE TO DIABLE PERSON WITHIN
THE MEANING OF SECTION 501(c)(3) OF THE INTERNAL REVENUE CODE (OR CORRESPONDING SECTION
OF ANY FUTURE FEDERAL TAX CODE).
ARTICLE II, AMENDED TO:
THE CORPORATION IS ORGANIZED AND SHALL BE OPERATED EXCLUSIVELY AS A NON-FOR-PROFIT
CORPORATION AND FOR CHARTITABLE, EDUCATIONAL, RELIGIOUS OR SCIENTIFIC PURPOSE AND TO
ASSIST NEEDY INDIVIDUALS AND FAMILIES INCLUDING BUT NOT LIMITED TO PROVIDING FOOD,
CLOTHING, HYGENIC ITEMS, BABY CARE ITEMS, ETC., WITHIN THE MEANING OF SECTION 501 (e) (3)
OF THE INTERNAL REVENUE CODE (OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX
CODE).

The date of each amendment(s) ad	loption:	if other than the
date this document was signed.		THE STATE OF CHARLES
Effective date if applicable:	(no more than 90 days after amendment file date)	15 MAY 28 PM 1: 01
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirements	, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ac was/were sufficient for approva	lopted by the members and the number of votes east for the ad.	imendment(s)
There are no members or members adopted by the board of directors.	bers entitled to vote on the amendment(s). The amendment(s) ors.	i) was/were
Dated May	26 2015	
Signature	till famo	
have not be	rman or vice chairman of the board, president or other officer en selected, by an incorporator — if in the hands of a receiver appointed fiduciary by that fiduciary)	
	GISELA Pamos (Typed or printed name of person signing)	<del> </del>
	(Typed or praned famile of person signing)	
	President	
	(Title of person signing)	

## Board Resolution of Light of Life Multicare Center, Inc. to Amend Articles of Incorporation

The undersigned being members of the Trustees of Light of Life Multicare Center, Inc. 5
hereby adopt the following resolution(s):

### Resolved that:

The application to amend the Articles of Incorporation of Light of Life Multicare
 Center, Inc. with the State of Florida, the draft of which is hereto appended, has been accepted and adopted.

We the undersigned hereby certify that Light of Life Multicare Center, Inc. is a not-for-profit organization comprised of a Board of Trustees of who were present at a meeting held this day of May \_\_\_\_\_\_, 2015, and that the foregoing resolution(s) was duly adopted at said meeting by the affirmative vote of at least 60% majority of members present, and that said resolution(s) has been recorded in the book of Minutes and is in full force and effect.