

N10000 010 281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

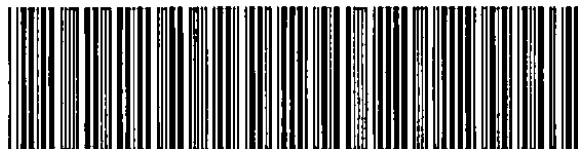
(Business Entity Name)

(Document Number)

ed Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2020

STEPHANIE RODRIGUEZ
CARE2TRI, INC.
4128 LINWOOD STREET
SARASOTA, FL 34232

SUBJECT: CARE2TRI, INC.
Ref. Number: N10000010281

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 820A00001025

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COVER LETTER

Amendment Section
Division of Corporations

Care2Tri, Inc.
NAME OF CORPORATION: _____

N10000010281
AMENDMENT NUMBER: _____

Enclosed *Articles of Amendment* and fee are submitted for filing.

I return all correspondence concerning this matter to the following:

Anie Rodriguez

(Name of Contact Person)

Tri, Inc.

(Firm/ Company)

Linwood Street

(Address)

ota, FL 34232

(City/ State and Zip Code)

anie.care2tri@gmail.com

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

For further information concerning this matter, please call:

Anie Rodriguez

(Name of Contact Person) at 941-587-6526

(Area Code) (Daytime Telephone Number)

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

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

CARE2TRI, INC.

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

N10000010281

(Document Number of Corporation (if known))

nt to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following
ment(s) to its Articles of Incorporation:

amending name, enter the new name of the corporation:

BE TRI FOR US, Inc.

The new

must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
pany" or "Co." may not be used in the name.

Enter new principal office address, if applicable:

Principal office address MUST BE A STREET ADDRESS

4128 LINWOOD STREET

SARASOTA, FL 34232

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

Same as above

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:

Stephanie Rodriguez

4128 Linwood Street

(Florida street address)

New Registered Office Address:

Sarasota

(City)

Florida 34232

(Zip Code)

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

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

Listing the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, address of each Officer and/or Director being added:
 (attach additional sheets, if necessary)
 Abbreviate 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 title.
 Example: 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.

Change	PT	John Doe
Remove	V	Mike Jones
Add	SV	Sally Smith

Action (One)	Title	Name	Address
<input type="checkbox"/> Change <input type="checkbox"/> Add	<u>Pres</u>	<u>Stephanie Rodriguez</u>	<u>4128 Linwood</u> <u>Sarasota, FL 34232</u>
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change <input type="checkbox"/> Add	<u>Pres</u>	<u>Gregory G. Simony</u>	<u>2351 Shelly Court</u> <u>Shelby Twp., MI 48317</u>
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

If amending or adding additional Articles, enter change(s) here:
 (attach additional sheets, if necessary). (Be specific)

Page 3 of 4

date of each amendment(s) adoption: December 5, 2019, if other than the
this document was signed.

effective date if applicable: _____
(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.

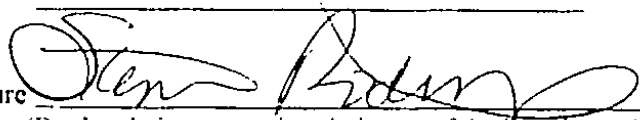
option of Amendment(s) **(CHECK ONE)**

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

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated December 5, 2019

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)

Stephanie Rodriguez

(Typed or printed name of person signing)

President

(Title of person signing)