

N140000002840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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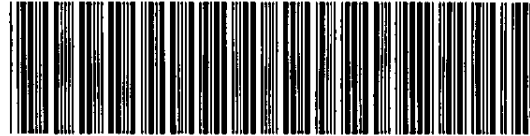
(Business Entity Name)

(Document Number)

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Amend

02/12/15--01007--023 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 FEB 12 PM 4:15

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DDR
2/16/15

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Care 4 U Management, Inc.

DOCUMENT NUMBER: N14000002840

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donald Henderson
(Name of Contact Person)

Care 4 U Management, Inc.
(Firm/Company)

6600 NW 27th Avenue suite 207
(Address)

Miami, Florida 33004
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Donald Henderson at (305) 300-3211
(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:

- | | | | |
|---|--|---|--|
| <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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Care 4 U Management, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

114000002840

(Document Number of Corporation (if known))

FILED

2015 FEB 12 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. If amending name, enter the new name of the corporation:

N/A

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

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6600 NW 27TH Avenue Ste 207
Miami, FL 33147

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6600 NW 27TH Avenue
Suite 207
Miami, FL 33147

D. 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:

N/A

(Florida street address)

New Registered Office Address:

_____, Florida _____
(City) (Zip Code)

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

I 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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

ARTICLE IV: PURPOSE

The purpose of the Care 4 U Management, Inc. is to educate individuals living with HIV/AIDS, at risk for HIV infection and those affected by HIV with educational and support services. Educational and support services will be concentrated in Miami-Dade County high impact areas.

Care 4 U Management, Inc. target goals will be to reach the general population with concentration on minority communities, especially the African American, Haitian and Hispanic community who currently represent the highest impacted groups and to provide these groups with access to care and treatment. Barriers to accessing care and treatment will be identified and addressed in culturally and linguistically appropriate manner to transition these groups to case management. Care 4 U Management, Inc. will provide Project AIDS CARE Case Management and other support services to meet the needs of the target population to improve overall health outcomes.

Care 4 U, will also provide nursing services because health conditions are diverse, unique and no individual is the same. It is important that your nursing care is planned and carried out in a manner that tailored to your personal well-being. Our highly trained, yet compassionate nursing team are here to provide all the care and help that you and your love ones need to live a happy and fulfilling life; no matter what your circumstances are. We will work with you directly to assist with your health issues sympathetically. You will gain a level of trust with staff that will sustain a long term caring relationship. Care 4 U will work with our patients on a variety of different and complex health conditions. We will identify ways to improve the quality of your life through caring, counseling, managing, medical adherence, and education to help improve your health outcomes.

The date of each amendment(s) adoption: February 9, 2015, if other than the date this document was signed.

Effective date if applicable: 2/9/15
(no more than 90 days after amendment file date)

Adoption 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 2/9/2015

Signature [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)

Donald Henderson
(Typed or printed name of person signing)

CEO
(Title of person signing)