N14 0000 10708

(Requestor's Name)
(Address)
(Address)
(133.333)
(2) (2) (3)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Socialism rights)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

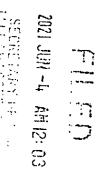
Office Use Only



000367426250

06/04/21--01019--011 ++35.00

07/08/2021 AC



COVER LETTER

TO: Amendment Section Division of Corporations

DUNEDIN NAME OF CORPORATION:	CARES, INC.			,
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee			- 11	
Please return all correspondence concerning	this matter to the foll	owing:		
JOSEPH M MACKIN				
	(Name of C	Contact Person)		
DUNEDIN CARES, INC				
	(Firm/	Company)		
1630 PINEHURST RD				
	(Ac	idress)		
DUNEDIN, FL 34698				
,	(City/ State	and Zip Code)		
JOE@DUNEDINCARES.ORG				
E-mail address: (to	o be used for future a	innual report notif	cation)	•
For further information concerning this matte	r, please call:			
JOSEPH M MACKIN		813 at	215-7773	
(Name of Contact	et Person)	(Area C	ode) (Daytime 7	Telephone Number)
Enclosed is a check for the following amount	made payable to the	Florida Departme	ent of State:	
■ \$35 Filing Fee □\$43.75 Filing Certificate of	Status Certified	Copy nal copy is (\$52.50 Filing Fee Certificate of Statu Certified Copy Additional Copy i Enclosed)	
Mailing Address Amendment Section		Street Add Amendmen		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

FILED

2021 JUN -4 AM 12: 03

(Name of Corporation as currently filed with the Florida L	Dept. of State)	SECRETARY OF SIL
DUNEDIN CARES, INC		MEE of the August Are
(Document Numb	er of Corporation (if know	vn)
Pursuant to the provisions of section 617.1006, Florida Statuto amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For P</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	
		The new
name must be distinguishable and contain the word "corporal "Company" or "Co." may not be used in the name.	tion" or "incorporated" c	or the abbreviation "Corp," or "Inc,"
B. Enter new principal office address, if applicable:	1630 PINEHURST RD	
(Principal office address MUST BE A STREET ADDRESS	DUNEDIN, FL 34698	
C. Enter new mailing address, if applicable:	DO DOV 1425	
(Mailing address MAY BE A POST OFFICE BOX)	PO BOX 1435	
	DUNEDIN, FL 34698	
D. If amending the registered agent and/or registered office		ter the name of the
new registered agent and/or the new registered office a	<u>ddress:</u>	
Name of New Registered Agent:		
	(Florid	a 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		obligations of the position.
	gnature of New Registered	d 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	ne <u>s</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	TREASI	BARBARA READ	1224 COUNTY RD 1 DUNEDIN, FL 34698
× Remove			
2) Change × Add	TREASI	JACOB ALEXANDER	1224 COUNTY RD. 1 DUNEDIN, FL 34698
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add	. ———		
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	ig additional Arti	icles, enter change(s) here: (Be specific)	

	,	
		
-		
4975-		
The date of each amendmen date this document was signed	t(s) adoption: JUNE 1, 2021	, if other than the
Effective date <u>if applicable</u> :	JUNE 1, 2021 (no more than 90 days after amendment file dat	al
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.		

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

(CHECK ONE)

Adoption of Amendment(s)

There are no mem adopted by the box	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
Dated	MAY 31, 2021
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) JOSEPH M MACKIN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)