N1500 202173

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: <u>UNITED MANAGED</u> CARE, ALZHEINIER'S SUI	IPP. RD
DOCUMENT NUMBER: 1500002173	∜ <
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ERIC D. ROYES (Name of Contact Person)	
UNITED MANAGED CARE, ALZHEIMER'S SUPPORT	
5010 N.TRAVERERS PALM LN.	
TAMARAC FL. 33319 (City/ State and Zip Code)	
emitoday at live com (emitoday at Live com, E-mail address: (no be used for future annual report notification)	か)
For further information concerning this matter, please call:	
Chame of Contact Person) at 954 826 0593 (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee \$\begin{array}{c} \$\\$43.75 Filing Fee & \Bigcup \$\\$43.75 Filing Fee & \Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy &	

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

UNITED MANAGED CARE, AZHEIMER SUPPOTI INC

(Name of Corporation as current	ntly filed with the Florida	Dept. of State)
N 150 DDOE	2173	
(Document Num	ber of Corporation (if know	n)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not For P</i> i	rofit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
21NITED MANAGED CARD CARD CARD Name must be distinguishable and contain the word "corpora" (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)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		16 FEB 18
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	ice address in Florida, en address:	ter the name of the
·	N/#	
New Registered Office Address:	(Floria	a street address)
	N/A (City)	Florida
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	d Agent: amiliar with and accept the	obligations of the position.
	N/A Signature of New Registere	d Agent if changing
•	Signature of New Registere	a rizem, y enanging

If amending the Officers and/or Directors, enter the title and name of each of

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 D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	A/A_		
2) Change Add	NA		
Remove 3) Change Add	N/A		
Remove 4) Change Add Remove	14/A		
5) Change Add	NJA		
Remove 6) Change Add Remove	NA		

E. If amending or adding additional Articles, enter change(s) here:			
(attach additional sheets, if necessary). (Be specific	(c)		
NIA			
		 *** -	
			
P			

late	date of each amendment(s) adoption this document was signed.	on: <u>2/11/2016</u> 2111/2016	SECRETARY OF SHAPE DIVISION OF BORPORATIONS
CHI	ective date <u>in applicative</u> :	(no more than 90 days after amendment file date)	16 FEB 16 AM 9: 12
	e: If the date inserted in this block do ument's effective date on the Departn	pes not meet the applicable statutory filing requirement of State's records.	ats, this date will not be listed as the
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
K	The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and the number of votes cast for the	e amendment(s)
	There are no members or members of adopted by the board of directors.	entitled to vote on the amendment(s). The amendment	(s) was/were
	Dated	112016	
	Signature	well orger	,,
(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)			
		EDIC ORDYES	
		(Typed or printed name of person signing)	
		President	

(Title of person signing)