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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: UNITED MANA	GED CARE, ALZHEIMER'S SUPPORT INC
DOCUMENT NUMBER: 15000002173	
The enclosed Articles of Amendment and fee ar	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
ERIC O ROYES.	
	(Name of Contact Person)
UNITED MANAGED CARE , ALZHEIMER,S SU	PPORT GROUP INC
	(Firm/ Company)
5010 N. TRAVELERS PALM LN.	
	(Address)
TAMARAC, FL 33319	
	(City/ State and Zip Code)
emitoday@live.com	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	lease call:
KARLISLE WILLIAMSON	at 754 368-0886
(Name of Contact F	
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
	ee & 🗵\$43.75 Filing Fee & S52.50 Filing Fee atus Certified Copy (Additional copy is enclosed) 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

UNITED MANAGED CARE, ALZHEIMER'S SUPPORT INC		
(Name of Corporation as curren	tly filed with the Florida	Dept. of State)
UNITED MANAGED CARE, ALZHEIMER'S SUPPORT INC.	N 1500000	2173
	er of Corporation (if know	
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Pi</i>	rofit Corporation adopts the following
unchantenties) to its Articles of incorporation.		
A. If amending name, enter the new name of the corporati	on:	
UNITED MANAGED CARE. ALZHEIMER'S SUPPORT GROU	IP INC	The new
name must be distinguishable and contain the word "corporat	ion" or "incorporated" o	r 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 <u>MUST BE A STREET ADDRESS</u>)	'	202
		
		્ર
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Stating duaress SIAT BE A FOST OF FICE BOA)		
		<u></u>
		02
). If amending the registered agent and/or registered offic		er the name of the
new registered agent and/or the new registered office a	<u>ddress:</u>	
Name of New Registered Agent:		
<u></u>		a street address)
New Registered Office Address:	t insta	i sireer taati essy
	(City)	, Florida
	(Ciiy)	(Zip Code)
New Registered Agent's Signature, if changing Registered		
hereby accept the appointment as registered agent. I am fai	niliar with and accept the	obligations of the position.
Si	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: $\frac{X}{X}$ Change $\frac{X}{X}$ Remove $\frac{X}{X}$ Add	PT V SV	John Do Mike Jor Sally Sn	<u>nes</u>	
Type of Action (Check One)	on <u>Title</u>		Name	<u>Addres</u> s
I)Char	nge <u>CFO</u>		VALERIE HAMILTON	10777 SAMPLE ROAD #607
Add				CORAL SPRINGS, FL 33065
X Ren	nove			
2) Char	nge <u>TR</u>		DUDLEY J. MILLS	4000 N. STATE ROAD 7 # 404 C
D Add				LAUDERDALE LAKES, FL 33319
Ren	nove			
3) Cha	nge			
Add				
Ren	iove			
4) Char	1ge			
Add				
Ren	10Vt			
5) Char	าสิต			
Add				
Ren				
6) Char	ige			
Add				
Ren	iove			

attach additional shee	ig additional Art as, if necessary).	(Be specific)	•				
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The date of each amendment(s) adoption;	, if other than the
late this document was signed.	
Effective date if applicable: 7/24/2020	
Effective date if applicable: 7 24 2020 (no more than 90 days after amendme.	nt file date)
Note: If the date inserted in this block does not meet the applicable statutory filir locument's effective date on the Department of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of vot was/were sufficient for approval.	es cast for the amendment(s)
There are no members or members entitled to vote on the amendment(s). The adopted by the board of directors.	ie amendment(s) was/were
Dated 7/24/2522	
Signature full Choryes	
(By the chairman or vice chairman of the board, president have not been selected, by an incorporator – if in the hanc other court appointed fiduciary by that fiduciary)	or other officer-if directors Is of a receiver, trustee, or
ERIC O ROTE (Typed or printed name of persons)	Son signing)
Presider	it.
(Title of person sign	ning)