

N15 00000 7162

(Requestor's Name)

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(Address)

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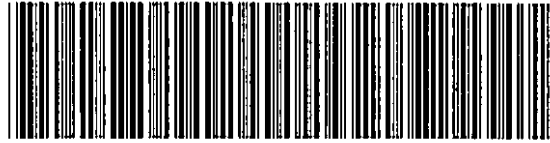
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SECRETARY OF STATE
TALLAHASSEE, FL

g 11/21/2023

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Bliss Cares Inc.

DOCUMENT NUMBER: N15000007162

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

Please return all correspondence concerning this matter to the following:

Roberto Ortiz, M.D.

(Name of Contact Person)

Bliss Cares Inc.

(Firm/ Company)

2901 Curry Ford Rd. Ste. 106

(Address)

Orlando, FL 32806

(City/ State and Zip Code)

rortiz@blisshealth.com

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

For further information concerning this matter, please call:

Roberto Ortiz, M.D. 407 203-5984

(Name of Contact Person) at (Area Code) (Daytime Telephone Number)

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

- | | | | |
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| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
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enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
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|--|--|--|--|

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

BY APPOINTMENT:
37 N. ORANGE AVENUE, SUITE 500
ORLANDO, FLORIDA 32801
TELEPHONE: (407) 331-6620
TELEFAX: (407) 331-3030



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GEORGE F. INDEST III, J.D., M.P.A., LL.M.
FLORIDA, LOUISIANA, AND D.C.
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BAR IN HEALTH LAW

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FLORIDA -
REGISTERED RESPIRATORY THERAPIST
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October 18, 2022

VIA PRIORITY MAIL

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Bliss Cares Inc.
Document No.: N15000007162
SUBMISSION OF ARTICLES OF AMENDMENT

Dear Madame or Sir:

Please see the attached Articles of Amendment for filing.

Should you have any questions or need any additional information, you can reach me at the above-listed number. If I am not immediately available, you may speak with my paralegal, Amanda Porro.

Thank you for your assistance with this matter.

THE HEALTH LAW FIRM, P.A., by:

LANC E O. LEIDER, J.D., LL.M.

encls: (1) Articles of Amendment
(2) Check # 33227 in the amount of \$43.75

Articles of Amendment
to
Articles of Incorporation
of

FILED

Bliss Cares Inc.

2022 OCT 24 AM 8:07

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

N15000007162

SECRETARY OF STATE
TALLAHASSEE, FL

(Document Number of Corporation (if known))

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:

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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: Roberto Ortiz, M.D.

2901 Curry Ford Rd. Ste. 106

(Florida street address)

New Registered Office Address:

Orlando

(City)

Florida 32806

(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.

X

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 checked="" type="checkbox"/> Remove	<u>P</u>	<u>Angel, Mercado</u>	<u>2901 Curry Ford Rd., Ste. 106</u> <u>Orlando, Florida 32806</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Martino, Dino</u>	<u>Curry Ford Rd. Ste. 106</u> <u>Orlando, Florida 32806</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Rodriguez, Juan</u>	<u>Curry Ford Rd. Ste. 106</u> <u>Orlando, Florida 32806</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Sousa, Felipe</u>	<u>Curry Ford Rd. Ste. 106</u> <u>Orlando, Florida 32806</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u>


E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

[illegible]

☒ 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 X 10/17/2022

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)

Roberto Ortiz, M.D.

(Typed or printed name of person signing)

Director

(Title of person signing)