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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: We Medi Care Corp
DOCUMENT NUMBER: N 800 00 00 536
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Andrew Greenberg
(Name of Contact Person)
(Firm/ Company)
4845 NW 95th Ave
(Address)
Sunrise, FL 33351
(City/ State and Zip Code)
a. greenberg. 2018@ gmail
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Andrew Greenberg
(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:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) □ \$52.50 Filing Fee Certificate of Status (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, Fl. 32301

Articles of Amendment Articles of Incorporation

FILED

2018 OCT 15 AM 11:52

We Medi Care Carp

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

N 1800000536
(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 cor	poration:	
The Silver Heart Foun	dation Inc.	The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated	T' or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the
Name of New Registered Agent:		
<u>New Registered Office Address</u> :	(Fle	orida street address)
		, Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	tered Agent: am familiar with and accept	the obligations of the position.
	Signature of New Registe	ered 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 Doe V Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change Add Remove		
2) Change Add		
Remove 3) Change Add		
Remove 4) Change Add		
Remove 5) Change Add		
Remove 6) Change Add Remove		

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
Changing the name of the Corporation from				
We Medi Care Corp to the new amended name The Silver Heart Foundation Inc.				
The Silver Heart Foundation Inc.				
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	_			
				
	_			
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	_			
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	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 votes east for the amendwas/were sufficient for approval.	dment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was adopted by the board of directors.	s/were
Dated 10/02/2018 Signature andrew Greenberg	
Signature andrew Greenberg	
(By the chairman or vice chairman of the board, president or other officer-if di have not been selected, by an incorporator – if in the hands of a receiver, trus other court appointed fiduciary by that fiduciary)	
Andrew Greenbers	
(Typed or printed name of person signing)	
CEO	
(Title of person signing)	