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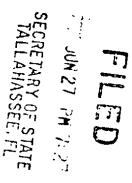
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 6, 2022

MARVIN G JOSEPH 1270 NW 100TH WAY PLANTATION, FL 33322

SUBJECT: COMMUNITY AND FAMILY SERVICES OF FLORIDA, INC.

Ref. Number: N18000006493

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 022A00012636

COVER LETTER

TO: Amendment Section Division of Corporations Community and Family Services of Florida Inc NAME OF CORPORATION: DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mapuin G Joseph (Name of Contact Person) (Firm/ Company) 1270 MW 100+4 WAY (Address) (City/ State and Zin Code) Migury osed 22 @ gmsil-com E-mail address: (to be used for future annual report nonfication) For further information concerning this matter, please call: at 954 260-0/46

(Area Code) (Daytime Telephone Number) Marguin Joseph (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: S52.50 Filing Fee □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed)

(Additional Copy is

Articles of Amendment to

Articles of Incorporation of

FILED

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	Community noted Fami	ly Services of Montanton: 3-1/2
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 chutain the word "conforation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Go," 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) Plantation F1. 33322 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: New Registered Office Address: Plantation Florida 33322 New Registered Office Address: Plantation Florida 33322 New Registered Agent's Signature, if changing Registered Agent: The rechy accept the appointment as registered agent. Tam familiar with and accept the offigations of the position.	(Name of Corporation as currently filed with the Florida I	Dept. of State)
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: (Wailing 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 registered office address: Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent: I changing Registered Agent: I can familiar with and accept the opligations of the position. When the provision of the position.	418000006493	SECRETARY OF STATE TALLAHASSEE. FL
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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: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: 1 am familiar with and accept the appointment as registered agent. I am familiar with and accept the aplications of the position.	A. If amending name, enter the new name of the corporat	ion:
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New Registered Office Address: Contaction	Name of New Registered Agent:	MAGUIN Joseph
New Registered Office Address: Contaction		1000 W 100th 11h
New Registered Office Address: Contaction		(Florida street address)
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.	New Registered Office Address:	
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Signature of New Registerea Agent, if Changing		My Johnson James II changing
	S	ignature af Now Registerea Agent, if Changing

If amending the Offic and address of each C (Attach additional shee Please note the officer/ P = President; V = Vice	Officer and/or L ets, if necessary) (director title by e President; T=) = Chief Finan	Director being added: the first letter of the office till Treasurer; S= Secretary; D= scial Officer, If an officer/dire	me of each officer/director being removed and title, name, le: Director: TR= Trustee: C = Chairman or Clerk; CEO = Chief ector holds more than one title, list the first letter of each office
Changes should be not a change, Mike Jones l Mike Jones, V as Remo	leaves the corpo	ration, Sally Smith is named t	Doe is listed as the PST and Mike Jones is listed as the V. There is he V and S. These should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	$\overline{\underline{V}} = \overline{\underline{M}}$	hn <u>Doc</u> ike <u>Jones</u> Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add		<u> </u>	·
Remove 2) Change Add		H/4	
Remove 3) Change Add Remove		M/A	
4) Change		N/A	

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

Infinity Dagamapace Inc 15 to thors 12ED to Form

Subsidiarry Companies & Transf Funds.

____ Remove

5) ____ Change ____ Add

				
				
				
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The date of each amendment(s) adoption:date this document was signed.	4-5-	2022		, if other than th
nee d 1 d Camblanklas				
(no more		amendment file dat		
Note: If the date inserted in this block does not me document's effective date on the Department of Sta	et the applicable state's records.	atutory filing require	ements, this date will	not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)			
The amendment(s) was/were adopted by the n was/were sufficient for approval.	nembers and the nu	mber of votes cast fo	or the amendment(s)	

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 4-5-2022
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)
(Typed or printed name of person signing)
Passident

(Title of person signing)