

N19000002488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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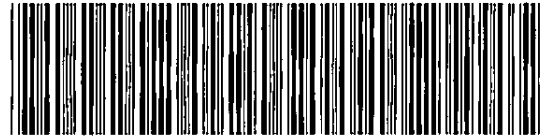
(Business Entity Name)

(Document Number)

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JUL 26 2024

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TMCS COMMUNITY CARE INC

DOCUMENT NUMBER: N19000002488

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

Please return all correspondence concerning this matter to the following:

Sonia Becerra

(Name of Contact Person)

Swift Filings

(Firm/ Company)

3 Greenway Plaza #1320

(Address)

Houston, TX 77046

(City/ State and Zip Code)

info@legalcorpsolutions.com

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

For further information concerning this matter, please call:

Sonia Becerra

(Name of Contact Person)

at

877-777-0450

(Area Code) (Daytime Telephone Number)

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

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

2008 JUN 26 PM 3:42

Articles of Amendment
to
Articles of Incorporation
of

TMCS COMMUNITY CARE INC

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

N19000002488

(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**)

14629 SW 104 Street, Suite 412

Miami, FL 33186

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

14629 SW 104 Street, Suite 412

Miami, FL 33186

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:

(Florida street address)

(City)

, Florida

(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

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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>President</u>	<u>JEFFREY T KING, RN, MBA</u>	<u>14629 SW 104 STREET, SUITE 141</u> <u>Miami, FL 33186</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>President</u>	<u>JEFFREY T KING, RN, MBA</u>	<u>14629 SW 104 Street, Suite 412</u> <u>Miami, FL 33186</u>
3) <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Treasurer</u>	<u>GINA KING</u>	<u>14629 SW 104 STREET, SUITE 141</u> <u>Miami, FL 33186</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Treasurer</u>	<u>GINA KING</u>	<u>14629 SW 104 Street, Suite 412</u> <u>Miami, FL 33186</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Secretary</u>	<u>MARIO ORANTES</u>	<u>14629 SW 104 STREET, SUITE 141</u> <u>Miami, FL 33186</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Secretary</u>	<u>MARIO ORANTES</u>	<u>14629 SW 104 Street, Suite 412</u> <u>Miami, FL 33186</u>

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

Remove	Director	JEFFREY T KING, RN, MBA	14629 SW 104 STREET, SUITE 141	Miami, FL 33186
Add	Director	JEFFREY T KING, RN, MBA	14629 SW 104 Street, Suite 412	Miami, FL 33186
Remove	Director	LIONEL JOSEPH	14629 SW 104 STREET, SUITE 141	Miami, FL 33186
Add	Director	LIONEL JOSEPH	14629 SW 104 Street, Suite 412	Miami, FL 33186

Add Director SALVADOR ORANTES 14629 SW 104 Street, Suite 412 MIAMI, FL 33186

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☒ 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 6/20/2024

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)

Jeffrey T King RN MBA MSN

(Typed or printed name of person signing)

President

(Title of person signing)

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SECRET
FALL 2024