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TO: Amendment Section Division of Corporations

PRIMARY HEALT NAME OF CORPORATION:	HCARE ALLIAÑCI	E FOUNDATIO	ON INC
L454226914561 DOCUMENT NUMBER:		_	
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
CARLOS A BAEZ MORALES			
	(Name of Contact P	erson)	
PRIMARY HEALTHCARE ALLIANCE FOUNDA	TION INC		
	(Firm/ Compan	y)	
1445 DUNN AVE SUTE B			
	(Address)		
DAYTONA BEACH FL 32114			
	(City/ State and Zip	Code)	
E-mail address: (to be use	d for future annual re	port notificatio	n)
For further information concerning this matter, please	e call:		
CARLOS A BAEZ MORALES	al		245-9460
(Name of Contact Persor		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certit is Certit	0 Filing Fee leate of Status fed Copy tional Copy is osed)
Mailing Address Amendment Section		reet Address mendment Sect	ion

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

PRIMARY HEALTHCARE ALLIANCE FOUNDATION INC

TRIMART HEALTHCARE ALEIANCE FOUNDATIO	JIN TING	2.61
(Name of Corporation as currently filed with the Flor	ida Dept. of State)	
1.454226914561		
(Document N	lumber of Corporation (if kno	wn)
Pursuant to the provisions of section 617.1006. Florida S amendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For a	Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	ooration:	
		The new
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	poration" or "incorporated"	or the abbreviation "Corp" or "Inc."
B. Enter new principal office address, if applicable:	1445 DUNN AVE SU	ТЕ В
(Principal office address MUST BE A STREET ADDR.	ESS) DAYTONA BEACH F	T. 32114
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1445 DUNN AVE SU	ГЕ В
	DAYTONA BEACH F	L 32114
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		nter the name of the
Name of New Registered Agent: 1445	DUNN AVE SUTE B	
	(El. e	da strvet address)
New Registered Office Address:	() Kn1	aa meet aan em)
DAY	DAYTONA BEACH	, Florida 32114
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a		e obligations of the position.
	OUT	
	Signature of New Registere	ed 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	$\frac{PT}{\underline{V}}$ \underline{SV}	John De Mike Jo Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) × Change Add	P	_	CARLOS A BAEZ MORALES	1445 DUNN AVE SUTE B DAYTONA BEACH FL 32114
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 addin (attach additional shee.			cles, enter change(s) here: (Be specific)	
PLEASE CHANGE THE	PRINCI	PAL AD	DRESS, MAILING ADDRESS, REGISTER	AGENT,THE DIRECTOR
(PRESIDENT - CARLOS	S BAEZ).	. <u>and (</u> v	/ICE-PRESIDENT - MARIA BAEZ),	
FROM 1445 DUNN AVI	SUITE	B JACK	SONVILLE FL 32114	
TO 1445 DUNN AVE SU	JTE B D	<u>AYTON</u>	A BEACH FL 32114	

		
		
		
		<u></u>
	•	
	A	
	07.12.2020	
The date of each amendment(s) adoption: date this document was signed.	07-13-2020	_, if other than the
Effective date if applicable: 07-13-2020		
- tr	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not it of State's records.	be fisted as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted b	by the members and the number of votes east for the amendment(s)	

was/were sufficient for approval.

Dated	07-13-2020
Dateu	2
Signatu	ire CCC
-	(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)
	CARLOS A BAEZ MORALES
	(Typed or printed name of person signing)

(Title of person signing)