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2021 HAY 18 AM 7:51

A. Putter

COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	COMMONITY ME	ALTH CENT	EK, IN	<u> </u>
N20000002623 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are	submitted for filing	, ,		
Please return all correspondence concerning this r	natter to the followi	ing:		
Kyle R. Saxon, Esq.				
	(Name of Cont	tact Person)		
Saxon & Fink, LLP				
	(Firm/ Cor	mpany)	_	
9065 SW 87 Avenue, Suite 112				
- · · · · · · · · · · · · · · · · · · ·	(Addro	ess)		
Miami, FL 33176				
	(City/ State and	d Zip Code)		, , , , , , , , , , , , , , , , , , , ,
kylesaxon@saxonfink.com				
E-mail address: (to be	used for future anni	ual report not	ification)
For further information concerning this matter, ple	ease call:			
Kyle R. Saxon		305 _ at		371-9575
(Name of Contact Per	rson)		Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	le payable to the Flo	orida Departr	nent of S	State:
■ \$35 Filing Fee		ру	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Ad Amendme Division of The Cent	ent Secti of Corpo	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

HOMESTEAD COMMUNITY HEALTH CENTER, INC.		2021 HAY 18 AM 7:51
(Name of Corporation as currently filed with the Florida	Dept. of State)	
N20000002623		SECRETAR / OF STATE
(Document Numb	per of Corporation (i	f known)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not</i>	For Profit Corporation adopts the followin
A. If amending name, enter the new name of the corpora	tion:	
		Тће печ
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorpora	ted" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	151 NW 11th STR	EET, SUITE E204
(Principal office address <u>MUST BE A STREET ADDRESS</u>) HOMESTEAD, F.	LORIDA 33030
C. Enter new mailing address, if applicable:	151 NW 11th STF	REET, SUITE E204
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	HOMESTEAD, FI	
D. If amending the registered agent and/or registered offine new registered agent and/or the new registered office agent.	<u>ce address in Flori</u> address:	ia, enter the name of the
Name of New Registered Agent:		·
		(Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent. I am fa	miliar with and acci	ept the obligations of the position.

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: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove		-	
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove		_	
5) Change Add			
Remove		_	
6) Change Add		<u> </u>	
Remove		-	
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
<u> </u>			•
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The date of each amendment(s) adoption date this document was signed.	: Apirl 18, 2021	, if other than the
Effective data if applicables		
Effective date if applicable:	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	s not meet the applicable statutory filing requirements, this date will not but of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes cast for 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
	Signature Kennuck R Sul
	(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)
	KENNETH R. SPELL
	(Typed or printed name of person signing)
	CHIEF EXECUTIVE OFFICER
	(Title of person signing)