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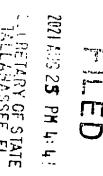
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | | | |
|---|--|--------------------|--|
| DOCUMENT NUMBER: | | | |
| The enclosed Articles of Amendment and fee are subm | · | | |
| Please return all correspondence concerning this matter | to the following: | | |
| Michael Faine | | | |
| (| Name of Contact Pers | on) | |
| EDC Cares, Inc. | | | |
| | (Firm/ Company) | | |
| 991 NW 54th Street | | | |
| | (Address) | | |
| Miami, FL 33127 | | | |
| (0 | City/ State and Zip Co | de) | |
| AFF444@aol.com | | | |
| E-mail address: (to be used f | or future annual repor | t notification | 1) |
| For further information concerning this matter, please concerning this matter, please concerning this matter. | all; | | |
| Michael Faine | | 54 | 6(0)-9477 |
| (Name of Contact Person) | | rea Code) | (Daytime Telephone Number) |
| Enclosed is a check for the following amount made pays | able to the Florida Dep | partment of | State: |
| ■ \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certifi Certifi | Filing Fee cate of Status ed Copy ional Copy is sed) |

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

Articles of Amendment to Articles of Incorporation of

EDC Cares, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N20000007080 (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: 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: (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: (Florida street address) New Registered Office Address: 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,

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 Sı | <u>mes</u> | |
|--|--|--|---------------------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| Change Add | VI) | Bree J. Miron | 991 NW 54th Street Miami, FL 33127 |
| x Remove 2) x Change Add | <u>VD</u> | Ali S. McDowell | 991 NW 54th Street Miami, FL 33127 |
| Remove Change Add Remove | <u>STD</u> | Andrea Faine | 991 NW 54th Street Miami, FL 33127 |
| 4) Change Add | | | |
| Remove 5) Change Add Remove | | | |
| 6) Change Add | | | |
| E. If amending or addin (attach additional sheet | g additional Artic ts. if necessary). | cles, enter change(s) here: (Be specific) | |
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| The date of each amendment(s) adoption: date this document was signed. | , it | other than the |
| Effective date if applicable: | | |
| (n | o more than 90 days after amendment file date) | * * * |
| | not meet the applicable statutory filing requirements, this date will not be li | sted as the |
| Adoption of Amendment(s) | CHECK ONE) | |
| The amendment(s) was/were adopted by was/were sufficient for approval. | y the members and the number of votes cast for the amendment(s) | |

| 8/22/21 | |
|-----------------|---|
| Dated | |
| Signature | usp. |
| have not been s | n or vice chairman of the board, president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary) |
| Michael S. F | aine |
| | (Typed or printed name of person signing) |
| President | |



August 23, 2021

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: EDC Cares, Inc.

Articles of Amendment

To Whom It May Concern:

Enclosed you will find the completed Articles of Amendment for the above-referenced Corporation.

As you will see, there are three changes to be made. The **removal** of Bree J. Miron, VD; a change made for Ali S. McDowell, VD, as well as the **addition** of Andrea Faine, as STD.

Thank you for your kind attention to this matter. Should you have any questions, please contact the undersigned at (954) 261-7740.

Regards,

Joshua D. Miron, Esq.

Enclosures