N21000000373

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
,	
	ĺ
	}
<u> </u>	

Office Use Only



600371281826

08/06/21--81028--005 **85.00

2021 AUG -6 PM 3: 5



COVER LETTER

TO: Amendment Section Division of Corporations

I.Care Corporation:	tion	
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Michael I Goldberg		
	(Name of Contact Perso	on)
I.Care Corporation		
	(Firm/ Company)	
79851 Overseas Hwy		
	(Address)	
Islamorada, FL 33036		
	(City/ State and Zip Coo	le)
icarcaboutcoral@gmail.com		
E-mail address: (to be	used for future annual report	notification)
For further information concerning this matter, p	lease call:	
Michael I Goldberg	30 at	05-664-2211
(Name of Contact P	erson) (A	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount ma	ade payable to the Florida Dep	partment of State:
\$35 Filing Fee	e & □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address		Address dment Section
Amendment Section		ament Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

I.Care Corporation

2021 AUG -6 PM 3: 55

		7071 HCO 0
(Name of Corporation as currently filed with the Fl	orida Dept. of State)	nor area
N21000000373		SECRETAL OF STATE
(Document	Number of Corporation (if l	known)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not F	For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
	·	The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporate	ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD</u>	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
		
D. If amending the registered agent and/or register		, enter the name of the
new registered agent and/or the new registered of	onice address:	
Name of New Registered Agent:		
New Registered Office Address:	(F	Florida street address)
	(City)	, Florida (Zip Code)
	к иу	(zip Code)
New Registered Agent's Signature, if changing Regi		
I hereby accept the appointment as registered agent. I	i am familiar with and accep	i ine ortigations of the position.
	Signature of New Regis	tered 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 V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add			
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		onal Articles, enter change(s) here: ssary). (Be specific)	
Article III. I.Care Corpor	ation is o	rganized exclusively for charitable, religious, education	nal and scientific purposes.
including, for such purpos	ses, the m	aking of distributions to organizations that qualify as	exempt organizations under
Section 501 (c) (3) of the	Internal F	Revenue Code, or corresponding section of any future	federal tax code.

purposes within the meaning of Section 50	01 (c) (3) of the Internal Revenue Code, or corresponding section of any	future
federal tax code, or shall be distributed to	the federal government, or to a state or local government, for a public pu	rpose.
<u> </u>		
		
<u> </u>		
		<u>-</u>
The date of each amendment(s) adoptio	n:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block doo document's effective date on the Departmo	es not meet the applicable statutory filing requirements, this date will not ent of State's records.	be listed as the
•		

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 $\frac{7(27(2))}{}$
Signatur
(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)
M.CHAEL GOLPELC (Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

· . .

. . .