

N21 000000946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

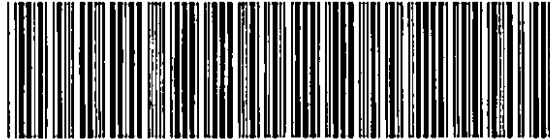
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Received  
by phone call on 9/13/21.  
Mrs. Yasmin Sulker took  
the phone call. Customer  
calling about his titles  
of officers.

Office Use Only



800371317138

FILED  
2021 SEP 13 PM 5:45  
CLERK OF STATE  
TALLAHASSEE, FL

A. Butler  
9/13/21

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Beacon Health Inc

DOCUMENT NUMBER: N21000000946

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

Please return all correspondence concerning this matter to the following:

Joseph Sivoli  
(Name of Contact Person)

Beacon Health Inc  
(Firm/ Company)

2750 S Taylor Ave #A39  
(Address)

Orlando FL 32806  
(City/ State and Zip Code)

joe@supportekstaffing.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Sivoli at 414 414-241-9480  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

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

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

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

Beacon Health Inc

2021 SEP 13 PM 5:45

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

N21000000946

SECRETARY OF STATE

(Document Number of Corporation (if known))

TALLAHASSEE, FL

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:

N/A

*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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

N/A

(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: N/A

New Registered Office Address:

(Florida street address)

N/A

(City)

Florida N/A

(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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> 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) <u>    </u> Change <u>    </u> Add	<u>Mrs</u>	<u>Marcia Mott</u>	<u>2750 S Taylor Ave #A39</u> <u>Orlando FL 32806</u>
<u>  x  </u> Remove			<u>Director</u>
2) <u>  x  </u> Change <u>    </u> Add	<u>Ms.</u>	<u>Helen Adelt</u>	<u>2750 S Taylor Ave #A39</u> <u>Orlando, FL 32806</u>
<u>    </u> Remove			<u>Title change from Dir. to Secretary</u>
3) <u>  x  </u> Change <u>    </u> Add <u>    </u> Remove	<u>Mr</u>	<u>Joseph Sivoli</u>	<u>2750 S Taylor Ave #A39</u> <u>Orlando, FL 32806</u> <u>Title change from Dir. to Founder</u>
4) <u>    </u> Change <u>  x  </u> Add <u>    </u> Remove	<u>Mr</u>	<u>Joemar Torres</u>	<u>2750 S Taylor Ave #A39</u> <u>Orlando, FL 32806</u> <u>Add as President</u>
5) <u>    </u> Change <u>  x  </u> Add <u>    </u> Remove	<u>Mr</u>	<u>Salvatore Riviera</u>	<u>2750 S Taylor Ave #A39</u> <u>Orlando, FL 32806</u> <u>Add as Treasurer</u>
6) <u>    </u> Change <u>    </u> Add <u>    </u> Remove	<u>    </u>	<u>    </u>	<u>    </u> <u>    </u> <u>    </u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

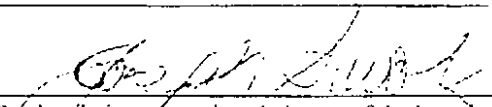
N/A



- ☒ 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 08/09/2021

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)

Joseph Sivoli

(Typed or printed name of person signing)

Director

(Title of person signing)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 24, 2021

JOSEPH SIVOLI  
BEACON HEALTH INC  
2750 S TAYLOR AVE #A39  
ORLANDO, FL 32806 US

SUBJECT: BEACON HEALTH INC.  
Ref. Number: N21000000946

We have received your document for BEACON HEALTH INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

THESE ARE UNACCEPTABLE TITLES MR.,MS., AND MRS. FOR YOUR ENTITY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 021A00020347