# NZI 000 000 946

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### <u>COVER LETTER</u>

TO: Amendment Section Division of Corporations			
Beacon Health Inc			
N2100000946			
The enclosed Articles of Amendment and fee are submitted for	tiling.		
Please return all correspondence concerning this matter to the fo	ollowing:		
Joseph Sivoli			
(Name of	Contact Person)		•
Beacon Health Inc			
(Firm	n/ Company)	202	-
2750 Taylor Ave #A39			و ، یا ها و ا
(.	Address)		•
Orlando, FL 32806			•
(City/ Sta	ite and Zip Code)		
joe@beaconhealthinc.com		(1), <b>O</b>	
E-mail address: (to be used for future	e annual report notification)		-
For further information concerning this matter, please call:			
Joseph Sivoli	414 241-9480		
(Name of Contact Person)	at (Area Code) (Daytime Te	elephone Number)	-
Enclosed is a check for the following amount made payable to t	he Florida Department of State:		
Certificate of Status Certific	Filing Fee &\$52.50 Filing Feeed CopyCertificate of Statusional copy isCertified Copyed)(Additional Copy isEnclosed)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 Tallahassee, FL 32303	e 810	

#### Articles of Amendment to Articles of Incorporation of

• •

Beacon Health Inc

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•

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

N2100000946

(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 "Company" or "Co." may not be used in the nam	d "corporation" or "incorporate. re.	d" or the abbreviation "Corp." or "Inc."	и' 
B. Enter new principal office address, if applica	-		
(Principal office address <u>MUST BE A STREET A</u>	ADDRESS) N/A		_
	N/A	···· 2	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE</u>	<i>BOX</i> ) N/A	P24 SEP FCRET TALLY	
	N/A	H2 H2 H2	<u> </u>
	N/A		`, . 
D. If amending the registered agent and/or reginned agent and/or the new registered agent and/or the new register	stered office address in Florida. ed office address:	enter the name of the	
Name of New Registered Agent:	N/A		
. –	N/A		_
New Registered Office Address:	(Fl	lorida street address)	-
	N/A	, Florida N?A	
	(City)	(Zip Code)	-

<u>New Registered Agent's Signature, if changing Registered Agent:</u> 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 <u>PT</u> John Doe X Remove V Mike Jones X Add ŝν Sally Smith Type of Action Title Name Address (Check One) 1) \_\_\_\_ Change Т Timothy Barnes 2750 Taylor Ave Ste A39 \_\_\_\_\_ Add Orlando, FL 32806 X Remove 2) \_\_\_\_ Change Andy Gatford 2750 Taylor Ave Ste: A39 🗠 Х \_\_ Add Orlando, FL 32806 公 - m Remove 3) \_ Change  $\sim$ Add \_\_ Remove τ.  $\dot{M}_{G}$ 4) \_\_\_\_ Change \_\_\_\_ Add ...... <u>သ</u> ••. \_\_\_\_ Remove *5)* \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 6) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) N/A

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N/A	
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	,

The date of each amendment		05/02/2024	,	if other than the
date this document was signed	L.			
Effective date <u>if applicable</u> :	05/02/2024			
	(ne	more than 90 days after amendment file date)	····	

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)



There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

05/02/2024 Dated lli Ind Signature

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(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)

Joemar Torres

(Typed or printed name of person signing)

President

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(Title of person signing)

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