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| Special Instructions to F | Filing Officer: | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: $_$ | RK CARE AND COM | PASSION INC | | |
|---------------------------------------|--------------------------|---------------------------|-----------------------|--|
| N2100 DOCUMENT NUMBER: | 0009003 | | | |
| The enclosed Articles of Amendmo | | | | |
| Please return all correspondence co | | | | |
| Michael J. Jones | · | | | |
| | (Na | me of Contact Person) | | |
| | | (Firm/ Company) | | |
| 1257 EDGEWOOD AVE W STE | 1 | | | |
| | | (Address) | | |
| JACKSONVILLE, FL 32208 | | | | |
| | (Cit | y/ State and Zip Code |) | |
| mjones@dajisconstruction.com | | | | |
| E-mail | address: (to be used for | future annual report n | otilication |) |
| For further information concerning | this matter, please call | • | | |
| Michael J. Jones | | 904 at | | 697-7130 |
| (Name | of Contact Person) | | a Code) | (Daytime Telephone Number) |
| Enclosed is a check for the following | ng amount made payab | le to the Florida Depai | tment of | State: |
| ■ \$35 Filing Fee □\$4. Ce | rtificate of Status C | | Certifi Certifi | Filing Fee cate of Status ed Copy ional Copy is sed) |
| Mailing Addres Amendment Sec | | <u>Street A</u> Amendr | address nent Secti | on |
| Division of Corr | orations | Division | of Corpo | orations |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

FILED
2021 SEP -3 PHI2 25
THE PROPERTY OF STATES.

ARK CARE AND COMPASSION INC

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

N21000009003

| (Document No | umber of Corporation (if known) |
|---|--|
| Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation: | atutes, this Florida Not For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corpo | oration: |
| N/A | The new |
| name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name. | poration" or "incorporated" or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: | N/A |
| (Principal office address <u>MUST BE A STREET ADDRE</u> | <u>ESS</u>) |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A |
| | |
| | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered offi | |
| N/A | ice address. |
| Name of New Registered Agent: | |
| New Registered Office Address: | (Florula street address) |
| | , Florida |
| | (City) (Zip Code) |
| New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I at | |
| | |
| | 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 | <u>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | |
|--|------------------------------------|---|---|
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add | - | N/A | |
| 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: essary). (Be specific) | |
| Add Article: The organization | ation is o | rganized exclusively for charitable and educationa | purposes under Section 501c3 of the |
| Internal Revenue Code, U | Jpon the o | dissolution of this organization, assets shall be dist | ributed for one or more exempt purposes |
| within the meaning of sec | tion 501(| (c)(3) of the Internal Revenue Code, or the corresp | onding section of any future federal |
| tax code, or shall be distr | ibuted to | the federal government, or to a state or local gover | nment, for a public purpose. |

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| The date of each amendment(s) adoption | i: | , ii omer man me |
| date this document was signed. | | |
| roce at a large of the large | | |
| Effective date if applicable: | no more than 90 days after amendment file date) | |
| (| no more than 90 days after amendment file date) | |
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| <u>Note:</u> If the date inserted in this block does | s not meet the applicable statutory filing requirements, this date will no | n be fisted as the |
| document's effective date on the Department | nt of State's records. | |
| | (CHECK ONE) | |
| Adoption of Amendment(s) | (CHECK ONE) | |

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

| Signature (By the chairman or vice chairman of the board, president or other have not been selected, by an incorporator – if in the hands of a rother court appointed fiduciary by that fiduciary) Michael J. Jones (Typed or printed name of person sign | |
|--|-------------|
| have not been selected, by an incorporator – if in the hands of a rother court appointed fiduciary by that fiduciary) Michael J. Jones | |
| | |
| (Typed or printed name of person sign | |
| | າ <u>g)</u> |
| Executive Director | |

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were