N22000010859

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

UNLIMITKARE IN NAME OF CORPORATION:	C 		
N22000010859 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	nitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
LOPEZ, GISSELLE			
 	(Name of Contact Person	1)	
UNLIMITKARE INC			
	(Firm/ Company)		
964 E OSCEOLA PARKWAY			
	(Address)	-	
KISSIMMEE, FL 34744			
	(City/ State and Zip Code	:)	·
E-mail address: (to be used	for future annual report i	notification	n)
For further information concerning this matter, please	call:		
GISSELLE LOPEZ	407	7	491-6003
(Name of Contact Person) at (Ar	ca Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	irtment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		Address ment Secti	ian
Division of Corporations		n of Corpe	

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

F(1) (-1)

		2023 JAN 17 PH 12: 05
Name of Corporation as currently filed with the Fl	orida Dept. of State)	
(Document	Number of Corporation (if kno	wn)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	orporation" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>)	
D. If amending the registered agent and/or register new registered agent and/or the new registered of the new		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Flore	ida street addressi
	<i>1</i> 2	, Florida (Zip Code)
New Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.		·
	Signature of New Registers	ed 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 Do Mike Jo Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change Add				
Remove				
2) Change Add		_		
Remove 3) Remove Add Remove		_		
4) Change Add				
Remove				
5) Change Add		_		
Remove				
6) Change Add		-		
Remove				
E. If amending or addin (attach additional shee			icles, enter change(s) here: (Be specific)	
THIS IS A NON-PROFI	F ORGAI	NIZATIO	ON THAT HAS BEEN ESTABLISHED EXC	LUSIVELY FOR CHARITABLE
PURPOSE UNDER SEC	TION 50	I(C)3 ()I	F THE INTERNAL REVENUE CODE OR C	ORRESPONDING SECTION OF
OF ANY FUTURE FEDI	ERAL TA	AX COD	E.UPON THE DISSOLUTION OF THIS OR	GANIZATION, ASSETS SHALL
BE DISTRIBUTED FOR	ONE OF	R MORE	EXEMPT PURPOSES WITHIN THE MEA	NING OF SECTION 501(C)3 OF
THE INTERNAL REVE	NUE CO	DE. OR	CORRESPONDING SECTION OF ANY FU	TURE FEDERAL TAX CODE

OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT OR TO A STATE OR LOCAL GOVERNME	ENT
FOR A PUBLIC PURPOSE ANY SUCH ASSETS NOT SO DISPOSED OF SHALL BE DISPOSED OF BY COURT	r OF
COMPETANT JUSRISDICTION OF THE PRINCIPAL OFFICE OF THE CORPORATION.	
NO PART OF THE EARNINGS OF THE CORPORATIONS SHALL INURE TO THE BENEFIT OF, OR BE	<u>_</u>
DISTRIBUTABLE TO ITS MEMBERS, TRUSTEES, OFFICERS, OR OTHER PRIVATE PERSONS, EXCEPT THA	AT
THE CORPORATION SHALL BE AUTHORIZED AND EMPOWERED TO PAY REASONABLE COMPENSATION	ON
FOR SERVICES RENDERED AND TO MAKE PAYMENTS AND DISTRIBUTIONS IN FURTHERANCE OF TH	E
PURPOSES SET FORTH ARTICLE THIRD HEREOF, NO SUBSTANCIAL PART OF ACTIVITIES OF THE	
CORPORATION SHALL BE CARRYING ON OF PROPAGANDA, OR OTHERWISE ATTEMPTING TO INFLUE	ENCE
LEGISLATION AND THE CORPORATION SHALL NOT PARTICIPATE IN, OR INTERVENE IN PUBLISHING	
OF ANY POLITICAL CAMPAIGN ON BEHALF OF OR IN POSITION TO ANY CANDIDATE FOR PUBLIC	
OFFICE. NOT WORTHING ANY OTHER PROVISION OF THESE ARTICLES. THE CORPORATION SHALL	
NOT CARRY ON ANY OTHER ACTIVITIES NOT PERMITEED ON BY A CORPORATION UNDER 501(C)3.	
	
	
The date of each amendment(s) adoption: $\frac{09/16/2022}{\text{date this document was signed.}}$, in	f other than the
Effective date if applicable: 09/16/2022 (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)

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

Datad	09/16/2022
Dated	$\overline{\Omega}$
Signature	Kisselle Kapez
(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)
	GISSELLE LOPEZ
	(Typed or printed name of person signing)

(Title of person signing)