N23000001397

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TO: Amendment Section Division of Corporations

COMMUNITY C.	ARES NATIONAL, IN	IC.	
N23000001397			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	abmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Cary Lubetsky			
	(Name of Contact P	erson)	
KRINZMAN HUSS & LUBETSKY LLP			
	(Firm/ Compan	y)	
169 E. FLAGLER ST STE 500			
	(Address)		
MIAMI, FL 33131			
	(City/ State and Zip	Code)	
cal@khllaw.com			
E-mail address: (to be us	sed for future annual re	port notification	1)
For further information concerning this matter, plea	ase call:		
Cary Lubetsky	at	305	854-9700 ext. 210
(Name of Contact Pers			(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida	Department of	State:
■ \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status		Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is ssed)

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

COMMUNITY CARES NATIONAL, INC.

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(Name of Corporation as currently filed with the Florid	la Dept. of State)	
N23000001397		TALLAHASSEE FI 63
(Document Nu	mber of Corporation (if)	
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this Florida Not F	for Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporate	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>SS</u>)	
C. Enter new mailing address, if applicable: (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	ce address:	
Name of New Registered Agent:	<u></u>	
New Registered Office Address:	(1	Florida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	red Agent: n familiar with and accep	ot the obligations of the position.
	Signature of New Region	stered 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: XChange X Remove X Add	<u>V</u> <u>Mik</u>	<u>n Doe</u> e Jone <u>s</u> y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) × Change Add	VP	Davis Lubetsky	169 E. FLAGLER ST STE 500 MIAMI, FL 33131
Remove 2) × Change Add	VP	Merritt Lubetsky	169 E. FLAGLER ST STE 500 MIAMI, FL 33131
Remove	þ	Brady Lubetsky	169 E. FLAGLER ST STE 500 MIAMI, FL 33131
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add			
E. If amending or additional sheet	ng additional A ets, if necessary	Articles, enter change(s) here: e). (Be specific)	

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The date of each amendment(s) adoption: date this document was signed.			<u> </u>		, if other than the
Effective date if applicable:					
Effective date <u>if applicable</u> : (no i	more than 90 da	vs after amendm	ent file date)		
Note: If the date inserted in this block does no document's effective date on the Department o	t meet the applic f State's records	eable statutory fi	ling requirement	nts, this date will n	ot be listed as the

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

(CHECK ONE)

Adoption of Amendment(s)

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 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)
Cary Lubetsky
(Typed or printed name of person signing)
Treasurer
(Title of person signing)

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