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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	ICARE ST PETE, IN DN:	IC.	<u> </u>	
DOCUMENT NUMBER:	N23000005343			
The enclosed Articles of Am	endment and fee are sub	nitted for filing.		
Please return all corresponde	ence concerning this matte	er to the following:		
Jose Alvelo				
		(Name of Contact P	'erson)	
ICARE ST PETE, INC.				
		(Firm/ Compan	y)	
4519 12th AVE S				
		(Address)		
ST. PETERSBURG, FL 337	711			
		(City/ State and Zip	Code)	
kulmalee.a@icarestpete.org				
Е	-mail address: (to be used	I for future annual re	port notification	n)
For further information conc	erning this matter, please	call:		
Kulmalee Alvelo		al	727 1	283-3288
	(Name of Contact Person	)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pa	ayable to the Florida	Department of	State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)

**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

(Name of Corporation as currently filed with the Florida 1	Dept. of State)	
ICARE ST PETE, INC. (Document # N23000005343)		
(Document Numb	er of Corporation	(if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida N</i>	ot For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	
N/A		The new
name must he distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorpo N/A	rated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
		SECEPT AU
D. If amending the registered agent and/or registered offi	ice address in Flo	urida enter the name of the
new registered agent and/or the new registered office a	address:	
Name of New Registered Agent: N/A		9: 9:
· <del></del>		(Florida street address)
New Registered Office Address:		•
		, Florida
-	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	i Agent: nmiliar with and a	ccept the obligations of the position.

1.4 . . . . . . . . .

and address of each Of (Attach additional sheets Please note the officer/d P = President: V = Vice	ficer and/or s, if necessary irector title by President; T= = Chief Final	Director being added: ) ) the first letter of the office title: : Treasurer; S= Secretary; D= Dir. ncial Officer. If an officer/director	of each officer/director being removed and title, name, ector; TR= Trustee; C = Chairman or Clerk; CEO = Chief holds more than one title, list the first letter of each office
Changes should be noted a change, Mike Jones led Mike Jones, V as Remov	aves the corp	oration, Sally Smith is named the V	is listed as the PST and Mike Jones is listed as the V. There is and S. These should be noted as John Doe, PT as a Change.
Example: X/Change X/Remove X/Add	$\overline{\underline{V}}$ $\underline{\widetilde{N}}$	hn <u>Doe</u> ike <u>Jones</u> ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>VP</u>	O'CAROLL, DR. MIKE	5400 School Rd New Port Richey, FL 34652
x Remove			
2) Change Add	·		
Remove 3) Change			

3)	Remove Change Add Remove			
4)	Change Add			
	Remove			
5)	Change Add	<del></del>		
	Remove			
6)	Change Add			
	Remove			
	<del></del> _		rticles, enter change(s) here: . (Be specific)	
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The date of each amendment	(s) adoption: August 7, 2024			<del></del>	_, if other than the	
date this document was signed	•					
Effective date if applicable:	August 7, 2024					
	(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

(CHECK ONE)

document's effective date on the Department of State's records.

Adoption of Amendment(s)

	August 7, 2024
Dated	
Signature	(By the chairman or vice chairman of the board, president or other officer-if directors
	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)
	other court appointed reductary by that reductary,
	MICHAEL O'CARROLL
	(Typed or printed name of person signing)
	VP - Senjor Consultant