Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

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Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN EZCARE HEALITI CENTERS, INC

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Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment

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Articles of Inco

Actives of incorporation		
EZCARE HEAlth CENTERS INC		
(Name of Corporation as currently filed with the Florida Dept. of State)		
N23000008737		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the foliamendment(s) to its Articles of Incorporation:	lowing	
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Company" or "Co." may not be used in the name.	ie new Inc."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	20	
	2023 OCT	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ည်	5
	AH 10: 02	O
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 address:	, ,	
Name of New Registered Agent: HUgo MARTINEZ		
9485 SW 72 ND St, STE AZ	95-	<u> </u>
New Registered Office Address:		
(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		
Signature of New Registered Agent, if changing		

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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	PT John Doe	
X Remove	V Mike Jones	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address 7023 OC 17
1) Change	P VEGA, NATAlia	9485 SW 72 NO, ST
Add		sta A295-c
_X Remove		MIANI, FL. 3383 U
2) Change	S CASALDUC, GISELLE	9485 SW 72 MB ST
Add		ste A 295-C
X Remove 3) X Change	VSD QUINTANA DANILO	MIAMI FL 33173 9485 SW 72ND St
Add		ste A 295 - C
Remove		miAmi, FL 33/73
4) Change	VTD MARTINEZ Hugo	9485 5W 72ND St
X Add	· •	STE A295-C
Remove	• •	MIANI, FL 33173
5) Change	PD VEGA MORALES, JORGE LI	VIS 9485 SW 72ND St
_ X Add		miani, FL 33173
Remove		
6) Change		
Add		
Remove		

utach additional shee	g additional Articles, ts, if necessary). (Be	e specific)			
NEW	EIN:	35-281	9185		
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	date of each amendment(s) adoption:this document was signed.	, if other than the
	(no more than 90 days after amendment file date)	_
Ado	option of Amendment(s) (<u>CHECK ONE</u>) .	
×	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	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 Dated Dologo Dolo	2023 OCT -3 AM 10: 0