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Division of Corporations	
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Fax Number : (850)617-6380	02 `i
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Account Name : IDEAS CARVAJAL LLC	<u> </u>
	2024 JUN 20
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	Account Name : IDEAS CARVAJAL LLC Account Number : IZ0ZZ0000006 Phone : (321)333-5565 Fax Number : (407)565-5637 The email address for this business entited and report mailings. Enter only one email

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION:	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted	for filing.
Please return all correspondence concerning this matter to the	ne following:
RODRIGUEZ, JUAN	
(Nam	e of Contact Person)
COALESCE, INC.	
(	Firm/ Company)
2479 FIELDINGWOOD RD	
	(Address)
MAITLAND, FL 32751	
(City/	State and Zip Code)
jrodriguez@accesshealthplus.org	
E-mail address: (to be used for fu	ture annual report notification)
For further information concerning this matter, please call:	
RODRIGUEZ, JUAN	407 670 9557
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable	to the Florida Department of State:
bA)	75 Filing Fee & S52.50 Filing Fee Iffled Copy Certificate of Status ditional copy is Certified Copy losed) (Additional Copy is Enclosed)

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

COALESCE, INC.		2024 JUN 20	BH 0-51
(Name of Corporation as currently filed with the Florida I	ent. of State)	-01120	<u> </u>
N23000012800			THE
(Document Numb	er of Corporation (if	known)	
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not F</i>	or Profit Corpora	tion adopts the followin
A. If amending name, enter the new name of the corporati	on:		
name must be distinguishable and contain the word "corporal "Company" or "Co," may not be used in the name.	ion" or "incorporate	ed" or the abbrevio	The new
<del></del>			
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
	· · · · · · · · · · · · · · · · · · ·		
<ol> <li>If amending the registered agent and/or registered offic new registered agent and/or the new registered office ag</li> </ol>	e address in Florids	, enter the name	of the
Name of New Registered Agent:			
New Bardstoned COD to Address	(F	lorida sireet address)	
<u>New Revisiered Office Address:</u>		•	
	4612		orlda
	(City)		(Zip Code)
lew Registered Agent's Signature. If changing Registered hereby accept the appointment as registered agent. I am fam	<mark>Agent:</mark> Illiar with and accept	t the obligations of	the position.
<u> </u>			
Sig	nature of New Regist	torad Agant If cha	naina

(Attach additional sheets Please note the officer/d. P = President; V = Vice. Executive Officer; CFO held. President, Treasure Changes should be noted a change. Mike Jones led	incer and/one and one of the control	or Director being added; ary) i by the first letter of the office title: T= Treasurer; S= Secretary; D→ Director nancial Officer. If an officer/director hold r would be PTD. lowing munner. Currently John Doe is its rporation, Sally Smith is named the V and	ich officer/director being removed and title, name,  r; TR= Trustee; C = Choirman or Clerk; CEO = Chief is more than one title, list the first letter of each office  led as the PST and Mike Jones is listed as the V. There is S. These should be noted as John Doe, PT as a Change,
Mike Jones, V as Remove Example: X Change X Remove X Add	e, ana sau, PT Y SY	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	Address
Change Add	<b>\$</b> D	VALENCIA, ELIZABETH	2479 FIELDINGWOOD RD MAITLAND, FL 32751
2) Change Add			
Remove Change Add Remove			
4) Change Add		<del></del>	
Remove 5) Change Add		·	
Remove の Change Add			
Remove			
E. If amending or addir (allach addillonal shee	ne additio els, if neces	nal Articles, enter change(s) here: isary). (Be specific)	

The date of each amendment(s) adoption: \_\_\_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable:

(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.

	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 June 11, 2024			
	Signature  (By the electron of the board, president or other officer-if directors have not both selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)			
	ELIZABETH VALENCIA			
	(Typed or printed name of person signing)			
	SD			
	(Title of person signing)			