N2400006883

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	NITY CARE INC
10 100000000000	
N24000006883 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
Latrice Austin	
	(Name of Contact Person)
	(Firm/ Company)
3600 S. State Road 7 STE 36	
	(Address)
Miramar, FL 33023	
	(City/ State and Zip Code)
Ktscareinc@gmail.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pl	case call:
Latrice Austin	954 417-5908
(Name of Contact Pe	rson) at (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	de payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	
Mailing Address Amendment Section	Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 2024 JUN 25 AM 8: 54

KT'S COMMUNITY CARE INC

(Name of Corporation as currently filed with the Florida D	lept. of State)
N2400006883	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
N/A	The new
name must he distinguishable and contain the word "corporate" "Company" or "Co." may not he used in the name.	
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered offic	
new registered agent and/or the new registered office ac	idress:
Name of New Registered Agent: N/A	
	(Florida street address)
New Registered Office Address:	ţ
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A	Agent:
I hereby accept the appointment as registered agent. I am fan	
Sig	mature of New Registered 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
l) Change Add		N/A				
Remove						
2) Change Add						
Remove 3) Change Add Remove						
4) Change Add						
Remove						
5) Change Add						
Remove						
6) Change Add						
Remove						
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
ADD PROVISION:			1,600			
The organization is organ	ized excl	usively for charitable and educational purposes unde	r Section 501c3 of the Internal			
Revenue Code.						
Upon dissolution, of this organization, assets shall be distributed for one or more exempt purposes within the meaning of						
IRC Section 501(c)(3), or	correspo	onding section of any future federal tax code, or shall	be distributed to the federal			

government, or to a state or local government, for a public purpose. 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.				
	J Dated _ Signature _	June 20, 2024			
(Hy the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Latrice Austin					
		(Typed or printed name of person signing)			
		President			
		(Title of person signing)			