N94000003265

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TO: Amendment Section Division of Corporations
NAME OF CORPORATION: WE Care OF Lake County, Inc.
DOCUMENT NUMBER: <u>N9400003265</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Melissa A. Sikorski (Name of Contact Person)
We Care of Lake County, Inc.
4709 N. Hwy 19A (Joddress)
Mount Dora, FL 32757 (City/ State and Zip Code)
director @ we cave lake county. org
For further information concerning this matter, please call:
Melissa Sikorski (Name of Contact Person) at <u>353-742-0021 ext.3</u> (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
× S35 Filing Fee □S43.75 Filing Fee & □S43.75 Filing Fee & □S52.50 Fili
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

فستتماد	s of Amendment	
	to	
Articles	of Incorporation of	
We Care of Lake	County Inc.	
Name of Corporation as currently filed with the Florida D		
N940000		
	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 Not For Profit Corp</i>	oration adopts the following
A. If amending name, enter the new name of the corporati	ion:	
	NA	The new
name must be distinguishable and contain the word "corporat	ion" or "incorporated" or the abbi	
"Company" or "Co." may not be used in the name.		
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	<u>N/A</u>	
(*************************************	, 	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	<u>N/A</u>	- <u>·</u> ···································
		,,,
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a		me of the
Name of New Registered Agent: M	elissa A. Sikor	
	09 N. Huy 19	Δ
	1Florida street add	ress)
<u>New Registered Office Address</u> :		
Mour	<u>nt Dora</u>	Florida <u>32757</u> (Zip Code)
	(CIN)	(Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:	8.1 ···

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Regimered 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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>PT</u> <u>John I</u> <u>V</u> <u>Mike</u> <u>SV</u> Sally S	lones	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s
$\frac{1}{\sqrt{Add}}$	D	Melissa Sikorski	4709 N. Huy 19A Mt. Dura, FL 32757
Remove 2) Change	$\overline{\mathbf{D}}$	Debra Paradis	4709_N. Hwy 19A
2) Add	<u> </u>	Topic India	4709 N. Hwy 19A Mt. Loca, FP 32757
3)Change Add Kemove	D	Wendy Lavezzi, M.D	4709 N. Hwy 19A Mt. Dec, FL 32757
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add	<u> </u>		
Remove			
F If amending or add	ing additional Ar	ticles enter change(s) here	

E. <u>If amending or adding additional Articles, enter change(s) here</u>: (attach additional sheets, if necessary). (Be specific)

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	•	•		

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<u></u>		

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

Effective date <u>if applicable</u>:

(no more than 90 days after amendment file date)

<u>Note:</u> 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) (CL

(<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.

Determined the termination of terminatio of termination of termination of termination of term adopted by the board of directors.

10/22/2020 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)

Sheyla Zelawa M.D. (Typed or printed name of person signing)

President (Title of person signing)