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85672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

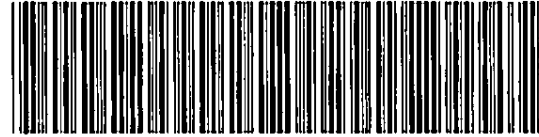
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUL 23 PM 12:17

Amend / name change

JUL 26 2018

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EZ Independent Recovery
DOCUMENT NUMBER: P01000085672

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Louise Leger
Name of Contact Person

Firm/ Company

901 NW 63 St
Address

Miami, FL 33150
City/ State and Zip Code

Louiseleger901@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Louise Leger at (786) 262-8816 any time
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:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 23 PM 12:17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2018

LOUISE LEGER
901 NW 63 ST
MIAMI, FL 33150

SUBJECT: MARTIN ELDERLY CARE, INC.
Ref. Number: P01000085672

We have received your document for MARTIN ELDERLY CARE, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 718A00011526

RECEIVED
18 JUN 19 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FL 32399



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2018

LOUISE LEGER
901 NW 63 ST
MIAMI, FL 33150

SUBJECT: MARTIN ELDERLY CARE, INC.
Ref. Number: P01000085672

We have received your document for MARTIN ELDERLY CARE, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 818A00012891

RECEIVED
18 JUL - 2 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FL 32399



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2018

LOUISE LEGER
901 NW 63 ST
MIAMI, FL 33150

SUBJECT: MARTIN ELDERLY CARE, INC.
Ref. Number: P01000085672

We have received your document for MARTIN ELDERLY CARE, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

I'm sorry but the examiner failed to tell you this in her previous correspondence. You have completed the amendment form to become a Profit Benfit Corporation or a Profit Social Purpose Corporation. You must select either the Benefit or Social Purpose Corporation not both. If you truly do want to be one of these you will need to select which one you want to be. If you do not want to be either one of these then you completed the wrong form and you will need to complete the attached form. If you do want to be know as a Benefit or as a Social Purpose Corporation just email at Diane.Cushing@dos.myflorida.com and I will correct the form for you just let me know which one you wish to be.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 118A00013999

RECEIVED
18 JUL 23 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUL 23 PM 12:17

(Name of Corporation as currently filed with the Florida Dept. of State)

Martin Elderly care, INC.

(Document Number of Corporation (if known))

P01000085672

Pursuant to the provisions of section 607.1006, Florida Statutes, this *corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

EZ INDEPENDANT RECOVERY INC.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc." or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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)

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

Louise Reper

901 N.W 63 St Miami, FL 33150

(Florida street address)

New Registered Office Address:

901 NW 63 St Miami Florida 33150

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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

Signature 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:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Louise Helen Elise</u>	<u>901 NW 63 st</u> <u>Miami, FL 33150</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Touressa Alfreida</u>	<u>901 NW 63 st</u> <u>Miami, FL 33150</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Rebecca Alfreida</u>	<u>901 NW 63 st</u> <u>Miami, FL 33150</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>C</u>	<u>Mimose Louisant G</u>	<u>901 NW 63 st</u> <u>Miami, FL 33150</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CFO</u>	<u>Maxhiter Alfreida</u>	<u>901 NW 63 st</u> <u>Miami, FL 33150</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Jacques Lafrance</u>	<u>24544 S.W. 114 Pl.</u> <u>Homestead, FL 33032</u>

E. FLORIDA PROFIT BENEFIT CORPORATION OPTIONS, IF APPLICABLE:

- ☐ The corporation, in accordance with the required minimum status vote, elects to be a Florida Profit Benefit Corporation in accordance with s. 607.604, F.S.

The purpose for which the benefit corporation is organized is to create a general public benefit and:

Assisting people with medical needs

The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

The additional qualifications of Benefit Director(s), if any, are as follows:

The name(s) and address(es) of the Benefit Director(s) and/or Benefit Officer(s), if any:

Name and Title: Acques Raffrance Name and Title: _____

Address: 24541 S.W. 114 Place Address: _____

Homestead, FL 33032

(Include attachment if necessary)

- ☐ The corporation, in accordance with the required minimum status vote, terminates its status as a Florida Profit Benefit Corporation in accordance with s. 607.605, F.S. The revised purpose for which the corporation is organized is as follows:

The additional qualifications of Benefit Director(s), if any, are no longer applicable and are hereby deleted.

F. FLORIDA PROFIT SOCIAL PURPOSE CORPORATION OPTIONS, IF APPLICABLE:

- ☐ The corporation, in accordance with the required minimum status vote, elects to be a Florida Profit Social Purpose Corporation in accordance with s. 607.504, F.S. The business purpose for which the social purpose corporation is organized

is: to provide services to people with medical
problems short term room on Board 3 meals
included.

The public benefit for which the corporation is organized is:

same as the above

The specific public benefit(s) to be created by the corporation (in addition to the above) is/are as follows (optional):

The additional qualifications of Benefit Director(s), if any, are as follows:

The name(s) and address(es) of the Benefit Director(s) and/or Benefit Officer(s), if any:

Name and Title: Louise Lege President

Name and Title:

Address: 901 N.W. 63 St

Address:

Miami, FL 33150

(Include attachment if necessary)

- ☐ The corporation, in accordance with the required minimum status vote, terminates its status as a Florida Profit Social Purpose Corporation in accordance with s. 607.505, F.S. The revised purpose for which the corporation is organized is as follows:

The additional qualifications of Benefit Director(s), if any, are no longer applicable and are hereby deleted.

G. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

Plus amending been added under the Martin
Elderly care, TRK. located at 901 N.W 63rd
Miami, FL 33150

H. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

/

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)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 05-01-2018

Signature Louise Leger Elise President
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

LOUISE LEGER ELISE
(Typed or printed name of person signing)

President
(Title of person signing)