PD2000095899

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	<i>⇒</i> #)
PICK-UP	WAIT	MAIL
(Ви	siness Entity Nar	ne)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHAS F F F STATE

Amend

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: New Life Adult Care II, Inc			
DOCUMENT NUMBER: PO2000095899			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Rosaline Seabrook (Name of Contact Person)			
New Life Adult Care II, Inc. (Firm/Company)			
322 Regal Park Dr (Address)			
Valrico FL 33594 (City/State/and Zip Code)			
For further information concerning this matter, please call:			
Rosaline Seabrook at (813) 1077-9933 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
S35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & S52.50 Filing Fee & Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Street Address Amendment Section			
Division of Corporations Division of Corporations			

409 E. Gaines Street Tallahassee, FL 32399

Articles of Amendment
Articles of Amendment to Articles of Incorporation of TALLAHASSO OF STATE AND ARTICLES OF THE
of TALLAGIAGE PH 1:31
Trew Nife Movie Care II, Inc. STATE
(Name of corporation as currently filed with the Florida Dept. of State) $\frac{UR/DA}{DA}$
P02000095899
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
Add LaSandria King - Director
(Attach additional pages if necessary)
If an amendment provides for 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)
issue 10 shares of stock

(continued)

The date of each amendment(s) adoption: 12/29/04
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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.
Signed this 29 day of Dec , 204.
Signature Sealine Sealine
(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)
Rosaline Seabrook (Typed or printed name of person signing)
Presiden + (Title of person signing)

FILING FEE: \$35