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(FAX)305 221 6507

P.004/009

Articles of Amendment ło Articles of Incorporation of

ISA ADULT HOME CARE, INC	
(Name of Corporation	as currently filed with the Florida Dept. of State)
P02000115500	
Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	stantes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:
N/A	
name must be distinguishable and contain the word "Corp." "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the abi	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	N/A N/A
	20 20 20 20 20 20 20 20 20 20 20 20 20 2
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	N/A . S W
	-,5** ("
D. If amenting the registered agent and/or registered new registered agent and/or the new registered offi	Office address in Florida enter the name of the
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	
7114 54.	(City) Florida (Zip Code)
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I an	red Agent; is familiar with and accept the obligations of the position.
Signatur	e 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

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address of each Officer and/or Director being added:

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Executive Officer: C. hald. President, Trea Changes should be no a change, Mike Jones Mike Jones, V as Ren	er/director witce President FO = Chief Surer, Direct oted in the f I leaves the	itle by the first letter of th nt; T Treasurer; S Se Financial Officer. If as tor would be PTD.	cretary; D= Director; Ti nofficer/director holds m nity John Doe is listed as is named the V and S re	R= Trustee: C = Chairman or Clerk; CEO = Chief fore than one title, list the first latter of each office the PST and Mike Jones is listed as the V. There is these should be noted as John Doe, PT as a Change,
Example: X Change	PT	John Doe		
X Remove	Ā	Mike Jones		
X Add	<u>v2</u>	Salty Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address
1) Change	VP	MILEYDIS I	SPINO	5824 SW 146 CT
X Add				MIAMI, FL 33183
Remove				
2) Change				
Add		 -		
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3) Change				
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	ther than the
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 document's effective date on the Department of State's records.	listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the chareholders. 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 suparately 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)	
(voling 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.	
Deted 5-30-19.	
Signature	
(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)	
OLGA L CHAVEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	-