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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ACME Care and Services. Inc. DOCUMENT NUMBER: P03000118051 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Igor Corrales Name of Contact Person ACME Care and Services, Inc. Firm/ Company 15251 SW 23 Lane Address Miami, FL 33185 City/ State and Zip Code acmecare1@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Igor Corrales at (305) 227-3093 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

is enclosed)

Articles of Amendment Articles of Incorporation of

FILED
2021 OCT-5 AMILLY

, Florida 33185 (Zip Code)

ACME Care and Services, Inc.	AM/1:49
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P03000118051	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". "chartered," "professional association," or the abbreviation "P.A	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	14750 SW 26 Street, Suite 208
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Miami, FL 33185
	
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 office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent N/A	
14750 SW 26 Street, Su	ite 208

New Registered Office Address: Miami

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.

N/A		
•	Signature of New Registered Agent, if changing	

(Florida street address)

(City)

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:

٠.

P = President; V = Fice 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.

X Change	<u>b.1</u> .	John Doc				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Nar</u>	<u>ne</u>		<u>Addres</u> s	
1) N/A Change	N/A	- N/A	<u> </u>		N/A	
Add						
Remove						
2) Change						
Add						
Remove 3) Change						 _
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Remove						
4) Change			<u> </u>			
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5) Change						
Add						
Remove						
6) Change						
Add						
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	n additional shects.	if necessary).	(Be specific)			
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fana	mendment provid	les for an exchar	ige, reclassificati	ion, or cancellati	on of issued share	<u>es.</u>
<u>provi</u>	isions for impleme if not applicable, in	inting the amend	ment if not cont	ained in the ame	ndment itself:	
	y mar uppriculate; ir	ittletite (V.1)				
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The date of each amendment(s) adoption: <u>09/30/2021</u>	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> : <u>0</u>	9/30/2021	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements. Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareho	lder action and shareholder
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the ame sufficient for approval.	ndment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes o	ast for the amendment(s) was/were sufficient for approval	
by Igor Corrales an	d Natacha Corrales	
	(voting group)	
sele	director, president or other officer – if directors or officers have noted, by an incorporator – if in the hands of a receiver, trustee, or of	
арро	inted fiduciary by that fiduciary)	
	Igor Corrales	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	