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Amendcus

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: AVAILABLE AN	D CARING INC.				
DOCUMENT NUMBER: P04000030670						
	The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corre	espondence concerning this ma	tter to the following:				
	MARIA E. ROSABAL					
	Name of Contact Person					
	AVAILABLE AND CARING, INC					
		Firm/ Company				
	1311 GELWOOD AVE					
		Address				
	ORLANDO, FL. 32807					
		City/ State and Zip Code				
For further information	R-mail address: (to be us on concerning this matter, pleas	sed for future annual report	notification)			
MARIA E. ROSABAL		at (01			
Name	of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check f	or the following amount made	payable to the Florida Depa	ertment of State:			
□ \$35, Filing, Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassoc, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301			

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Articles of Amendment to Articles of Incorporation

AVAILABLE AND CARING, INC					
(Name of Corpora	tion as currently	lited with the Florida	Dept. of State)		
P04000030670					
(Docu	ument Number of C	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this FI	orida Profit Corporatio	on adopts the follow	ing amendm	ent(s) to
A. If amonding name, enfor the new name of the	corporation:				
				The nev	U
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the	rp," "Inc," or "Ce	o". A professional cor	orporated" or the poration name mu.	abbreviation	n
B. Enter new principal office address, if applicab					
(Principal office address <u>MUST BE A STREET AL</u>	ODRESS)		Ē	<u> </u>	
				E R	***.}
				22	Mark a
C. Enter new mailing address, if applicable:	1010		<u>; </u>		į į
(Mailing address MAY BE A POST OFFICE B	((<i>)X</i>)				1
				ာ ထာ	
			<u> </u>	<u> </u>	
D. If amending the registered agent and/or regist	tared office addres	re in Florida, enter the	name of the	9	
new registered agent and/or the new registere	d office address:	75 III 1 103 Capt Circu 130C	, 10Maily 03, 3113		
Name of New Registered Agent					
		•			
	(Florida stree	i address)			
New Registered Office Address:			. Morida		
THE RESUMERCY CASTILLE PROGRAMME.	(C	H(y)		ip Code)	
New Registered Agent's Signature, if changing R Thereby accept the appointment as registered agent	egistered Avent: . I am familiar wi	th and accept the oblige	ations of the position	n.	
Çi.	anature of New Re-	nictored Agent if chanc	ino		

If amending the Officers and/or Directors, outer 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 Doc	
X Remove	<u>y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add	_		
Remove			
3) Change			
Add			
Remove			
			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Reffloye		•	
6) Change			
Add			
Remove			

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(Attach additional sheets, if necessary,	i), (Be specific)
····	
provisions for implementing the an	schange, reclassification, or cancellation of issued shares, mondment if not contained in the amendment itself;
(if not applicable, Indicate N/Λ)	
IIS AMENDMENT INCREASES TH	IE NUMBER OF SHARES AUTHORIZED TO ISSUE
Y AVAILABLE AND CARING, INC.	FROM 51 SHARES TO 100 SHARES.
HE 100 SHARES ARE ALLOCATED	TO THE FOLLOWING OFFICERS:
SHARES TO MARIA E ROSABAL	PRESIDE;NT
SHARES TO MANUEL R. RODRIG	GUEZ, VICE PRESIDENT

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	DECEMBER 2, 2016		
The date of each amondment(s) date this document was signed.	adoption:		, if other than the
Effective date if applicable:			
	(no more than 90 da	ys after amendment file date)	
Note: If the date inserted in this document's effective date on the l		statutory filing requirements, this date will	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were a by the shareholders was/were		nber of votes cast for the amendment(s)	
	pproved by the shareholders through or each voting group entitled to vote	voting groups. The following statement separately on the amendment(s):	
	st for the amondment(s) was/were su	fident for approval	
by		,,,	
•	(voling group)		
The amendment(s) was/were a action was not required.	dopted by the board of directors with	out shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without s	shareholder action and shareholder	
DECEM! Dated	BER 2, 2016		
5/10/4 <u></u>	TTE) /	···	
Signature	let 1	·	
(By a solec		if directors or officers have not been ds of a receiver, trustee, or other court	•
	MARIA E ROSABAI.	lavia E Risal	,
	(Typed or printed name	of person signing)	
	PRESIDENT		
	(Title of pe	rson signing)	