POYOOOPAOUI

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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And

R. WHITE

MAR 23 2018



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: J. C. LOVING CA	RE CORP.				
	ER: P 040000					
The enclosed Articles of	Amendment and fee are su	bmitted for filing.				
Please return all corresp	ondence concerning this ma	tter to the following:				
		ZENAIDA SANCERNI				
_		Name of Contact Persor	1			
	J. 6	C. LOVING CARE CORP.				
-		Firm/ Company				
	11260 S W 176 ST					
_	Address					
	MIAMI FLORIDA 33157					
_		City/ State and Zip Cod	e			
	jelovii	ngcare@gmail.com				
	_	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
ZENAIDA SANCERNI		786	7405743			
Name of Contact Person			de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	□\$43.75 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		Street Address Amendment Section Division of Corporations Clifton Building				
Tallah	assee, FL 32314	2661 F	vecutive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

J.C. LOVING CARE CORP

(Name of Corporation as	currently filed with the Florida Dept. of State)
P 04 0 0	14009000
	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corpora	tion:
J.C	C. LOVING CARE CORP
	rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	11260 S W 176 ST.
Principal office address <u>MUST BE A STREET ADDRESS</u>	MIAMI FLORIDA 33157
. Enter new mailing address, if applicable:	SAME
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
. If amending the registered agent and/or registered offi	ice address in Florida, enter the name of the
new registered agent and/or the new registered office:	address:
Name of New Registered Agent SAME	
•	
(FI	lorida street address)
New Registered Office Address: SAME	, Florida
	(City) (Zip Code)
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered	l Agent:
hereby accept the appointment as registered agent. I am fa	amiliar with and accept the obligations of the position.
76	
Signature o	f 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	<u>PT</u>	John Do	<u>De</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change	VP	_	JOSE ALBERTO SANCERNI	11260 S W 176 ST
XAdd				MIAMI FL 33157
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add			•	
Remove				<u> </u>
5)Change				
Add				
Remove				
6) Change				
Add		_		
Remove				
Kemove				

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an amendment provides for an exchrovisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation and the amer	on of issued shares adment itself:	1
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	03/13/2018	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	3/13/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were aby the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
03/13/20 Dated	918	
Dated		
Signature	' / <u>k</u>	
(By selec	eteror, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)	_
	ZENAIDA SANCERNI	
	(Typed or printed name of person signing)	
	PRESIDENT	
,	(Title of person signing)	