P04000107412

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RING JUN 18 PM 3: 5

C. GOLDEN

JUN 1 9 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Affinity Home Ca	re Inc.			
DOCUMENT NUM	D0.10001.07.11.7				
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.			
Please return all corr	espondence concerning this ma	itter to the following:			
	Lars Altman				
		Name of Contact Perso	n		
	Affinity Care Network, Inc.				
		Firm/ Company			
	2600 S. Ocean Blvd., Apt. 16D				
		Address			
	Boca Raton, Florida 33432				
		City/ State and Zip Cod	e		
laen	altman@gmail.com				
10150		sed for future annual report	and Constitution		
	rman address: (16 be ti	sed for future annual report	nonneation;		
For further information	on concerning this matter, plea	se call:			
Lars Altman		561 at (302-8398 		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check t	or the following amount made	payable to the Florida Depa	urtment 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)		
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amenc Divisio Cliftor	Address Iment Section on of Corporations i Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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2018 JUN 18 PM 3:57

Affinity Home Care Inc.		10 IH 3: 5
(Name of Corporat	tion as currently filed with the	Florida Dept. of Specketary OF STATE
P04000107412		
(Docu	iment Number of Corporation (if I	known)
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this <i>Florida Profit Co</i>	prporation adopts the following amendment(s)
A. If amending name, enter the new name of the c	corporation:	
		The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Cor _l word "chartered," "professional association," or the	p," "Inc," or "Co" A professi	or "incorporated" or the abbreviation
3. Enter new principal office address, if applicable		
Principal office address <u>MUST BE A STREET AD</u>	DRESS)	
		
	 .	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE Bo</u>	<u>ox</u>)	
 If amending the registered agent and/or registered new registered agent and/or the new registered 		nter the name of the
new registered agent and/or the new registered	1 oruce aduress:	
Name of New Registered Agent		
		
	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re	gistered Agent:	
hereby accept the appointment as registered agent.	f am familiar with and accept if	ic obligations of the position.
		
Sie	nature of New Revisioned Agent -	it 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: \underline{X} Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	V	Lars Altman	1901 Briekell Ave.	
X Add			Apt. B1712	
Remove			Miami, FL 33129	
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add			 	
Remove				
6) Change				
Add				
Remove				

	ets, if necessary).	(Be specific)			
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an amandaran and	ovides for an exch	nange, reclassificatio	n, or cancellation o	<u>f issued shares,</u>	
an amenument pro	menting the ame	<u>ndment if not contai</u>	ned <u>in the amendn</u>	ent itself:	
rovisions for imple	z, maicaie (N/A)				
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The date of each amendment(6/11/2018	Bushan Alama ata
date this document was signed.	s) adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date bepartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) re-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):	
	cast for the amendment(s) was/were sufficient for approval	
by	tvoting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
6/11/20	018	
Dated		
Signature	fu alder	
sel	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Lev Altman	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	