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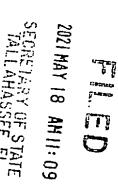
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: _	ROSAIDA GR	OUP HOME, INC.	T	
DOCUMENT NUN	1BER:	P05000012250	)		
The enclosed Article	s of Amendm	ent and fee are su	bmitted for filing.		
Please return all corr	espondence co	oncerning this ma	itter to the following	:	
	ROSA ISAI	BEL PEREZ			
	-		Name of Contact	Person	
	ROSAIDA	GROUP HOME	INC		
			Firm/ Compa	any	
	265 WEST	63RD STREET			
			Address	<u>-</u>	_
	HIALEAH,	FL 33012			
		-	City/ State and Z	ip Code	
	ROSAIDAG	GROUPHOME@	YAHOO.COM		
	E-mail	address: (to be us	sed for future annual	report i	notification)
For further informati ROSA ISABEL PEF	·-	·	se call: at ( 786		366-7847
Name of Contact Person			at ( A	rea Cod	_) le & Daytime Telephone Number
Enclosed is a check t					
S35 Filing Fee		75 Filing Fee & ficate of Status	S43.75 Filing F Certified Copy (Additional copy enclosed)		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Di P.C	ailing Addres nendment Sec vision of Corp D. Box 6327 Hahassee, FL	tion orations		Amendr Divisior The Ce 2415 N	Address ment Section n of Corporations intre of Tallahassee f. Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FALD

ROSAIDA GROUP HOME

( <u>Name</u>	of Corporation as currently	filed with the Florida QBBL KAStare	AMII: 10
P05000012250		21 F. 20 F. 11 Th. 11 Th. 11	
	(Document Number of	Corporation (if known) SRGRETARY	<del>: OF STATE</del> SSEE, FL
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this $F$		
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "( "chartered," "professional association,	Corp." "Inc." or "Co". A	ompany," or "incorporated" or the abbi professional corporation name must	reviation "Corp.,"
B. Enter new principal office address,	if annlicable:	N/A	
(Principal office address MUST BE A S			
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>		N/A	
D. If amending the registered agent at new registered agent and/or the ne		ess in Florida, enter the name of the	
	N/A		
Name of New Registered Agent			
	tFlorida stree	77	
	N.A	a address)	
New Registered Office Address:		, Florida	(Zip Code)
	10	r tiva	(Zip Code)
New Registered Agent's Signature, if o	hanging Registered Agent:		
I hereby accept the appointment as regis		ith and accept the obligations of the po	sition.
	Signature of New Re-	gistered Agent, if changing	
	organism cop area me	games on rigerially enuringing	
Check if applicable			

 $\square$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	PT	John Doe	
$\underline{X}$ Remove	<u>V'</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	P	ROSA ISABEL PEREZ	7065 W 10TH AVE
Add			HIALEAH, FL 33014
Remove			
2) Change	VP	HECTOR HERAS PEREZ	7065 W 10TH AVE
X Add			HIALEAH, FL 33014
Remove 3 ) Change	P	IDA ESPINOSA	7065 W 10TH AVE
Add			HIALEAH, FL 33014
X Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<del></del>	
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate NA)	
provisions for implementing the amendment if not contained in the amendment itself:	
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provisions for implementing the amendment if not contained in the amendment itself:	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	

•

	N/A	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
naic uns document was signed. N'A		
Effective date <u>if applicable</u> :		
	tno more than 90 days after amendment file dat	t')
<b>Note:</b> If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without share	holder action and shareholder
■ The amendment(s) was/were add by the shareholders was/were si	opted by the shareholders. The number of votes east for the artificient for approval.	nendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
05/04/2021		
Dated		
Signature	on I feren	
(By ad selecte	rector, president or other officer – if directors or officers have d, by an incorporator – if in the hands of a receiver, trustee, or ted fiduciary by that fiduciary)	
	ROSA ISABEL PEREZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	