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(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	ON: SUNFLOWERS	VILLAGE ALF, INC	
DOCUMENT NUMBER:	P05000100931	- _ 	
The enclosed Articles of Am	endment and fee are su	bmitted for filing.	
Please return all corresponde	ence concerning this ma	tter to the following:	
LIE	BIA OSPINA		
		Name of Contact Persor	1
SU	NFLOWERS VILLAG	E ALF, INC	
		Firm/ Company	
803	35 SW 13th ST		
		Address	····
MI	AMI, FL 33144		
		City/ State and Zip Code	•
glac	liatorcoach.mm@gmail	.com	
- F	E-mail address: (to be us	sed for future annual report	notification)
For further information conc	erning this matter, plea	se call:	<u>. 492 - 9250</u>
Name of Cor	tact Person	at (Area Co) de & Daytime Telephone Number
Enclosed is a check for the f	ollowing amount made	payable to the Florida Depa	urtiment of State:
\$35 Filing Fee C	343.75 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)
	nt Section f Corporations	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee S. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

SUNFLOWERS VILLAGE ALF, INC

(Name o	f Corporation as curre	ntly filed with the Florida l	Dept. of State)	
P05000100931				
	(Document Numbe	r of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, th	nis <i>Florida Profit Corporatio</i>	on adopts the following a	mendment(s) to
A. If amending name, enter the new na	me of the corporation:			
N/A			au	he new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp, " "Inc," or "Co".	A professional corporation	ted" or the abbreviation	Corp., "
B. Enter new principal office address, i	if annlicable:	N/A		
(Principal office address MUST BE A ST				
C. Enter new mailing address, if appli	cable:	N/A	د. و	-,
(Mailing address <u>MAY BE A POST (</u>	OFFICE BOX)			-
			<i>ــــــــــــــــــــــــــــــــــــ</i>)
			=	· ·
				? -
D. If amending the registered agent an new registered agent and/or the new			name of the	x
Name of New Registered Agent	LIBIA OSPINA			
	8035 SW 13th ST		-	
	(Florida	street address)		
New Registered Office Address:	MIAMI		. Florida 33144	
		(Cin)	(Zip Cod	(e)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe			itions of the vosition.	
, , , , , , , , , , , , , , , , , , , ,			, , , , , , , , , , , , , , , , , , ,	
	Signature of New	Registered Agent, if changi	ing	
Check if applicable	<u> </u>	/		
The amendment(s) is/are being filed ρε	irsuant to s. 607.0120 (1	1) (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.

Example: <u>X</u> Change	<u>PT 1</u>	ohn Doc	
X Remove	<u>v</u> <u>s</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One)	V	LIBIA OSPINA	8035 SW 13th ST, MIAMI
1) Change X Add			FL 33144
Remove			
2) Change			
Add			
Remove Change			
Add			<u> </u>
Remove			
4) Change			
Add			<u> </u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
_ Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
· · · · · · · · · · · · · · · · · · ·	
F. If an amendment provides for an exchange, reclassification, or cancellation of issue provisions for implementing the amendment if not contained in the amendment it (if not applicable, indicate N/A)	
	··· ·
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoptidate this document was signed.	n:, if other than th
Effective date if applicable:	
Effective date if applicable.	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Departi	does not meet the applicable statutory filing requirements, this date will not be listed as the tent of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for the amendment(s) nt for approval.
☐ The amendment(s) was/were approve must be separately provided for each	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes east for the	e amendment(s) was/were sufficient for approval
by	··
	(voting group)
July 1st, 2020 Dated Signature	
(By a director selected, by	r. president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)
L	BIA OSPINA
	(Typed or printed name of person signing)
1	
	(Title of person signing)