

P06000035185

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TALLAHASSEE, FLORIDA

MC ANDERSON
9/14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: M.M LG, INC

DOCUMENT NUMBER: P0600035185

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Martha Lewis Gibbs

(Name of Contact Person)

M.M.LG, INC

(Firm/ Company)

7226 Velvet Oaks CT

(Address)

Jacksonville, Fla 32277

(City/ State and Zip Code)

For further information concerning this matter, please call:

Martha Gibbs

(Name of Contact Person)

at (904) 743-0457/ 743-0010

(Area Code & Daytime Telephone/Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
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☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Articles of Amendment
to
Articles of Incorporation
of**

M.M. LG, INC,

(Name of corporation as currently filed with the Florida Dept. of State)

P06000035185

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

PROFESSIONAL CARE SERVICES BY M.M. LG, INC.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Article III Purpose:

To provide care for the elderly and disable clients on Medicaid, Medicare and clients in low income areas.

Article V: Initial Officers and/or Directors

Bettie Butler-President

1026 Victory Lake Drive

Jacksonville, Fla, 32221

(Attach additional pages if necessary)

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

(continued)

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Article V: Initial Officers and/or Directors (continued..)

Shirley Hayward- Vice President

Shirley Hayward- Secretary

2217 West 2nd ST.

Jacksonville, Fla, 32209

Martha Gibbs-Treasurer

7226 Velvets Oaks Ct

Jacksonville, Fla, 32277

Article VI: Registered Agent

Bettie Butler

1026 Victory Lake Drive

Jacksonville, Fla 32221

Bettie Butler

Signature/Registered Agent

I **Bettie Butler**, accept the responsibility of being ^{RB}
the Register Agent. 3/31/06

3-31-06

Date

Shirley Hayward

Signature Vicepresident/Sec.

3-31-06

Date

03/31/06

The date of each amendment(s) adoption: _____

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by

(voting group)"

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature Bettie J. Butler
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Bettie Butler
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35