067 bins Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H14000182401 3))) H140001824013ABCV Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. 14 12 - 14 To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I2000000019 Phone : (305) 552-5973 Fax Number - (305) 675-5944 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: COR AMND/RESTATE/CORRECT OR O/D RESIGN RECEIVED ÷ **FUTURE CARE SOLUTION, INC.** 1 AUG -4 Certificate of Status 0 Certified Copy 0 Page Count 05 4 Estimated Charge \$35.00

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August 4, 2014

FLORIDA DEPARTMENT OF STATE Division of Corporations

FUTURE CARE SOLUTION, INC. 3911 SW 67 AVENUE MIAMI, FL 33155

SUBJECT: FUTURE CARE SOLUTION, INC. REF: P06000036466

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

There's a (comma) and (period) in the corporate name.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II FAX Aud. #: H14000182401 Letter Number: 814A00016581

RECEIVEI 4 AUG -4 PM

P.O BOX 6327-Tallahassee, Florida 32314

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14 AUG -14 AM AT 171

Articles of Amendment
to
Articles of Incorporation
of
Future Care Solution, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
P0600036461010
(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

D.	If amending the registered agent and/or registered office address in Florida, enter the name of the
	new registered agent and/or the new registered office address:

Name of New Registered Agent	Ariel Marcos	
	5001 SW74 COLLA	-1 ± 105
	(Florida street address)	· · · · · ·
New Registered Office Address:	Miami	_, Florida 33155
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
2 KMM
Stonature of New Registered Agent if changing

Page 1 of 4

H14000182401

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 = ChiefExecutive 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 Salty Smith, SV as an Add. Example:

X Change	<u>PT John I</u>	202	
X Remove	<u>V Mike</u>	Iones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
i) Change Add Remove	D ₁ P ₁ S ₁ T	Dayami Rizo	5001 SW 74(OURT #105 Miami, PL 33155
2) Change	DIPISIT	Ariel Marcas	<u>6001 SW 746ourt</u> #105 Miami, FL 33155
3) Change			
4) Change Add Remove	<u> </u>		
5) Change			
6) Change Add Kemove			

Page 2 of 4

#0198 P.005/006

H14000182401

F. 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 N/A)

E. If amending or adding additional Articles, enter change(s) here; (Attach additional sheets, if necessary). (Be specific)

Page 3 of 4

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The date of each amendment(s) adoption: 452013 date this document was signed.	_, if other than the
Effective date if applicable:41512013	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted 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"	
The unundment(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.	
Dated 452013	
Signature DAMA	
(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)	
Ariel Marcas	_
(Typed or printed name of person signing)	
President	_
(Title of person signing)	

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