

P060000 43757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

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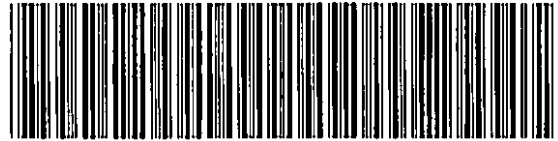
(Business Entity Name)

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AUG 17 2018

FILED
18 AUG 15 AM 10:03
CLERK OF COURT
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Amend

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Malibu Love and Care Healthcare Agency, Inc.

DOCUMENT NUMBER: P 06000043787

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

Please return all correspondence concerning this matter to the following:

Rosemarie Nicholas

Name of Contact Person

Malibu Love and Care Healthcare Agency, Inc

Firm/ Company

1468 South Palm Avenue

Address

Pembroke Pines, Florida 33025

City/ State and Zip Code

malibuhha@gmail.com

E-mail address: (to be used for future annual report notification) ✓

For further information concerning this matter, please call:

Rosemarie Nicholas

Name of Contact Person

at (954) 362-3831

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Malibu Love and Care Healthcare Agency, Inc.

PO6000043787

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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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>Rosemarie Nicholas</u>	<u>16000 PINES BLVD., #821493</u>
<input type="checkbox"/> Add			<u>PEMBROKE PINES, FL 33082-9239</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P</u>	<u>Elminu Jaipaul</u>	<u>16000 PINES BLVD., #821493</u>
<input type="checkbox"/> Add			<u>PEMBROKE PINES, FL 33082-9239</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>S</u>	<u>Gino Pauram</u>	<u>16000 PINES BLVD., #821493</u>
<input type="checkbox"/> Add			<u>PEMBROKE PINES, FL 33082-9239</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>CEO, T</u>	<u>Latoya L. Negari-Bryan</u>	<u>2613 Canal Road</u>
<input checked="" type="checkbox"/> Add			<u>Miramar FL 33025</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>CFO, D</u>	<u>Cladzie Domingue</u>	<u>8643 North Lexington Drive</u>
<input checked="" type="checkbox"/> Add			<u>Miramar FL 33025</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: August 1, 2018
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ 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 _____."
(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.

Dated August 1, 2018

Signature R Nicholas
(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)

Rosemarie Nicholas
(Typed or printed name of person signing)

President
(Title of person signing)