

PD6000044617

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(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAR -3 PM 5:22

APPROVED
AND
FILED

C. LEWIS
MAR - 4 2014
EXAMINER

FloridaCare Health Center

**Amendmment Sectio
Division of Corporations
P.O.BOX 6327
Tallahassee, Fl 32314**

REF : FLORIDA CARE HEALTH CENTER, CORP

ANEX CHECK FOR \$35.00 AND ARTICLE OF AMENDMMENT SIGN FOR THE COMPANY IN REFERENCE.

THAKKS IN ADVANCE

CIRIA CASTRO

11300 NW 87 CT SUITE # 141 HIALEAH GARDENS, FL 33018
Phone: (305) 364-8600 Fax: (305)364-8604
floridacare001@comcast.net

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FLORIDA CARE HEALTH CENTER, CORP

DOCUMENT NUMBER: P06000044617

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

Please return all correspondence concerning this matter to the following:

OLINDA BAUZA

Name of Contact Person

FLORIDA CARE HEALTH CENTER, CORP

Firm/ Company

11300 NW 87TH CRT, SUITE 141/142

Address

HIALEAH GARDENS, FL 33018

City/ State and Zip Code

floridacare001@comcast.net

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

For further information concerning this matter, please call:

OLINDA BAUZA

Name of Contact Person

at (305) 364-8600

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

APPROVED
AND
FILED

Articles of Amendment
to
Articles of Incorporation
of

14 MAR -3 PM 5: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CARE HEALTH CENTER, CORP

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

P0600044617

(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 _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PT</u>	<u>OLINDA BAUZA</u>	<u>11300 NW 87TH CRT</u> <u>SUITE 141/142</u> <u>Hialeah Gardens, Fl 33018</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>SV</u>	<u>CIRIA CASTRO</u>	<u>11300 NW 87TH CRT</u> <u>SUITE 141/142</u> <u>Hialeah Gardens, Fl 33018</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:

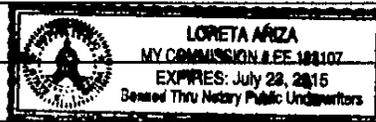
(Attach additional sheets, if necessary). (Be specific)

The Stocks of the company will be divided by and between Olinda Bauza and

Ciria Castro on a 50% / 50% basis.

Olinda Bauza will be 50% owner and Ciria Castro will be 50% owner.

Loreta Ariza
Loreta Ariza
Notary Public
02/25/2014



[Signature]
Ciria Castro

[Signature]
Olinda Bauza.

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)

APPROVED
AND
FILED

The date of each amendment(s) adoption: 14 MAR 3 PM 5:22 if other than the date this document was signed.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 02/25/2014

Signature *[Handwritten Signature]*

(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)

OLINDA BAUZA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Luzia
Loreta Ariza
Notary Public
02/25/2014

