## P06000147548

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: <u>IN ILA MAI</u>	ISLES ASSISTED CAR	E FALLITY INC.
DOCUMENT NUMB	er: <u>Po<b>6</b>000/4</u> :	7-548	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	m	ARNO BURKUL	
-		Name of Contact Persor	- <del>-</del>
-	DULAMAL I	Stes <u>988/8776D talkt</u> Firm/ Company	FACILITY, INC.
	2785 NAV	IANIT DRIVE	
-		Address	
-	CLER	<u> </u>	
	<u>O)   c-fi@ uic</u> E-mail address: (to be us	റ : പ്രദ്	notification)
For further information	concerning this matter, pleas	se call:	
MARIE A	Sincecte f Contact Person	at ( <u>954</u> Area Coo	) 4448 - 484 S. le & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$43.75 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)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee

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

vo.	> 3-
	2

P06000147548	
(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thats Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporation:	
Λ	I/A The new
Aname must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.,	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2785 VALIANT DEIVE
	<u>CLEEMONT FLOUDA 3+111</u>
D. If amending the registered agent and/or registered office a	
new registered agent and/or the new registered office addr	
Name of New Registered Agent	N) 1
(Florida	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	ent·
I hereby accept the appointment as registered agent. I am familia	
	A LIA
Signature of Nev	N   B v Registered Agent, if changing

## Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	_S	LOVELL BUSHELL	2785 VALIANT DEWE
<u> </u>			CLELMONT FLOUDY 34711
Remove			
2) Change			
Add			
Remove 3) Change			
Add			*
Remove			
4) Change			
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Articles, enter Attach additional sheets, if necessary). (Be spec	rific)
· · · · · · · · · · · · · · · · · · ·	
	<del>-</del>
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-	
If an amendment provides for an exchange, recl	lassification, or cancellation of issued shares,
provisions for implementing the amendment if (if not applicable, indicate N/A)	not contained in the amendment itself:
(у пот аррисате, такате млл)	
NIA	
,	

The date of each amendment(s) adoption date this document was signed.	ı:A	<del>M</del>	8/25/28		if other	than the
Effective date if applicable:	(no more tha	<u> 25/37)</u> an 90 days	3.). after amendment file	· date)	<del></del>	
<b>Note:</b> If the date inserted in this block document's effective date on the Departme			statutory filing requir	ements, this date wil	not be liste	d as the
Adoption of Amendment(s)	(CHECK ONE)					
☑ The amendment(s) was/were adopted by action was not required.	y the incorporators,	, or board	of directors without s	hareholder action and	shareholder	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient		The num	ber of votes cast for t	he amendment(s)		
☐ The amendment(s) was/were approved must be separately provided for each v					; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	<b>999</b> 9
"The number of votes east for the	amendment(s) was	s/were suf	ficient for approval		· · · · · · · · · · · · · · · · · · ·	
by	(voting group)				17.	
						9999 AUG 26 AM 10: 2
Dated	Paru : Bumīt	ul	-			ပြ
(By a director, selected, by an	president or other	officer – i in the hand	f directors or officers ls of a receiver, truste			
	MARIE B	SZIK RÆZZ nted name	of person signing)			
			(			
	PKEGDE (Title of perso		<del></del>			
	(Titic or perso	m signing,	•			