## P070000 40961





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## **COVER LETTER**

TO: Amendment Section

M. 26 PH 2: 55 Division of Corporations NAME OF CORPORATION: \_\_\_\_ General Care Center, Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jay C. Franklin Name of Contact Person General Care Center, Inc. Firm/ Company 7805 Coral Way, Suite 101 Address Miami, Florida 33155 City/ State and Zip Code generalcarecenter7805@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 ) 229-0756

Area Code & Daytime Telephone Number Jay Franklin Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■ \$35 Filing Fee □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of

General Care Center, Inc.			(1) P
(Name	of Corporation as current	ly filed with the Florida Dept. of State)	A P G
P07000040961			
	(Document Number of	f Corporation (if known)	<del></del>
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the fol	lowing amendin
A. If amending name, enter the new na	ame of the corporation:		
N/A	-		.,,,
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	uation "Corp," "Inc," or	on," "company," or "incorporated" or . "Co". A professional corporation name "P.A"	The nev the abbreviation must contain th
B. Enter new principal office address,	if annlicable:	N/A - Same	
(Principal office address MUST BE A S			
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u> )		N/A - Same	
D. If amending the registered agent an			
new registered agent and/or the nev		<u>::</u>	
Name of New Registered Agent	Jay C. Franklin		
	(Florida str	reet address)	<del></del>
New Registered Office Address:	7805 Coral Way, Suite 101, Miami Slorida 3315		155
Ten negative office name.		(City)	(Zip Code)
New Registered Agent's Signature, if cl		<u>:</u> with and accept the obligations of the posi	tion
207 accept the approximent an region			
•			
	Say C. fanen.	Registered Agent, if changing	<del></del>
	Signature of New h	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	74. T <u>4</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>	<u>Name</u>	Address			
1) Change	P	Center for Integrative Health, PA	7805 Coral Way, Suite 101			
Add XX Remove			Miami. Florida 33155			
2) Change	P	Jay C. Franklin	7805 Coral Way, Suite 101			
XX Add		_	Miami, Florida 33155			
Remove						
3) Change						
Add			<del></del>			
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

(Attach additional sheets, if necessary	rticles, enter chang ).     (Be specific)			
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16 1			C* 1.1	
If an amendment provides for an exprovisions for implementing the an	<u>cnange, reclassifica</u>	ition, or cancellation	on of issued snares,	
(if not applicable, indicate N/A)	ichanichen not con	itamen in the ame	toment itsen.	
A				
-	<del></del>			
	- · · ·			

*	07/22/2010	
The date of each amendment date this document was signed	07/22/2019 t(s) adoption:	, if other than the
Ufficialise shows 16 constitution	07/22/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on the	this block does not meet the applicable statutory filing requirements, this date with the Department of State's records.	Il not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
☐ The amendment(s) was/wer must be separately provide	re approved by the shareholders through voting groups. The following statement ad 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)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer- action was not required.	e adopted by the incorporators without shareholder action and shareholder	
07/22/ Dated	2019	
Signature	sty C. Fathers.	
(B)	y a director, president or other officer - if directors or officers have not been	<del></del>
	lected, by an incorporator + if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Jay C. Franklin	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	