Popoc			
(Requestor's Name) (Address) (Address)	500318023125		
(City/State/Zip/Phone #)	09/10/1801008016 **35.00		
PICK-UP WAIT (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: Office Use Only	FLED DURSEP 27 AM 10: 52 SECRETARY OF STATE TALLAHASSEE, FLE BET 2- 2010 R. WHITE BET 2- 2010		

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COVER LETTER

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TO: Amendment Section Division of Corporations
NAME OF CORPORATION: BOMELANG HME SELVICES, THC DOCUMENT NUMBER: POTODOOS3077
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jennifer Talbot
Winter Grandin Senior Home CAR
112 S. MAIN STREET
Winter Granden FL 34787
City/State and Zip Code Jennifer @ Wohme cone, com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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Name of Contact Person Area Code & Daytime Telephone Number

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

S35 Filing Fee

□S43.75 Filing Fee & Certificate of Status S43.75 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 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

,	Articles of Amendment to Articles of Incorporation	FILED 2018 SEP 27 AM 10: 53
	of	2018 SEP 27 AN 10: 53
Barnerone Hor	poration as currently filed with the Flori NE Services to Document Number of Corporation (if know	ida Dept. of State in Y OF STATE
rsuant to the provisions of section 607,1006, Articles of Incorporation:	Florida Statutes, this Florida Profit Corpo.	ration adopts the following amendment
If amending name, enter the new name of	the corporation:	
me must be distinguishable and contain th 'orp.,'' "Inc.,'' or Co.,'' or the designation ind "chartered,'' "professional association,''	"Corp." "Inc." or "Co". A professional	
<u>Enter new principal office address, if app</u> rincipal office address <u>MUST BE A STREE</u>		····
Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFFI</u>)		
If amending the registered agent and/or r new registered agent and/or the new regi		the name of the
Name of New Registered Agent		
	(Florida street address)	
<u>New Registered Office Address</u> :	(Ciţy)	, Florida (Zip Code)
w Registered Agent's Signature, if changi		
ereby accept the appointment as registered a	gent, 1 am familiar with and accept the ob	ligations of the position.
	Signature of New Registered Agem, if ch	anging

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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)

Example:

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.

<u>X</u> Change	<u>PT John D</u>	loc			
X Remove	<u>V</u> <u>Mike J</u>	ones			
<u>X</u> Add	<u>SV Sally S</u>	imith			
<u>Type of Action</u> (Cheek One)	<u>Title</u>	Name	T (1)	Address	<u>)</u> .,,
1) Change	ST	Jennifer	falbot	_15350 Johns La	ke tinke
Add					
Remove				Winter Gracolm F. 3	4787
2) Change				·	
Add		Į.			
Remove		last Ni	ame cho	and frence	
3) Change			<u>Aria (</u> No	A at a	
Add			()	mell to lak	lloft.
Remove			Ching	<u></u>	/ ·
4) Change			<u></u>		
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					
					1

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

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

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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)

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Page 3 of 4

he date of each amendment(s) ac ate this 'document was signed.	doption: •	, if other than the
ffective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
ote: If the date inserted in this b ocument's effective date on the De	block does not meet the applicable statutory filing requirements epartment of State's records.	s, this date will not be listed as the
doption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the ame afficient for approval.	ndment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendmen	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
T	(voting group)	This
The unendment(s) was/were ado	opted by the board of directors without shareholder action and sh	parcholder (200
action was not required.	office by the board of directors without shareholder action and sh	hareholder me
The amendment(s) was/were ado action was not required.	opted by the incorporators without shareholder action and shareh	older
Dated	August 31,2018	
Nin and	Lipicon Roudience	
Signature (By a d	lirector president or other officer – if directors or officers have r	not been
selected	ed, by an incorporator - if in the hands of a receiver, trustee, or o	
appoint	ted fiduciary by that fiduciary)	,
	Palaera (TAI	Minus
	(Typed or printed name of person signing)	
	(Typed of printed name of person signing)	
	\bigcirc \cdot \cdot \mid \mid	
	President	
	(Title of person signing)	

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