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COVER LETTER

NAME OF CORPORATION: JOY OF LIFE ADULT DAY CARE INC.

DOCUMENT NUMBER: P07000128196

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

Please return all correspondence concerning this matter to the following:

JOSE C LOPEZ

Name of Contact Person

JOY OF LIFE ADULT DAY CARE, INC.

Firm/ Company

15190 SW 136TH STREET, SUITE 6

Address

MIAMI, FL 33176

City/ State and Zip Code

For further information concerning this matter, please call:

TO: Amendment Section

JOSE C LOPEZ

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:

□ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status (Additional copy is chelosed)

Certified Copy (Additional Copy (Additiona

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

JOYOFLIFEADC@YAHOO.COM

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
Tullahassee, FL 32301

is enclosed)

Articles of Amendment to Articles of Incorporation

THE JOY OF LIFE ADULT DAY CARE, INC.

2012 AUG -6 PM 3: 20

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

SECRETARY OF STATE TALLAHASSEE FLORIDA

F07000120190	
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	corporation:
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	The new ord "corporation," "company," or "incorporated" or the abbreviation or "Inc," or "Co". A professional corporation name must contain the new abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	
(maning united states of the s	
D. If amending the registered agent and/or registered agent and/or the new registered	tered office address in Florida, enter the name of the doffice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent.	egistered Agent: I am familiar with and accept the obligations of the position.
Signature of 1	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 Doc 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.

X Change	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally St	<u>mith</u>	
Type of Action (Check One)	Title		Name	Address .
1) Change	<u>V</u>	_	REBECA MENDEZ	15190 SW 136TH ST., SUITE 6
Add				MIAMI, FL 33196
Remove	V		FERNANDO MENDEZ	15190 SW 136TH ST., SUITE 6
2) Change X Add			TERRY WOOD WEITDEL	MIAMI, FL 33196
Remove				#MMMMM
3) Change		_		<u> </u>
Add				
4) Change				Military .
Add				44-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Remove				
5) Change Add	***********	_		
Remove				
6) Change				
Add				The state of the s
Pamaya				

(Attach	iding or adding additional Articles, enter change(s) here: additional sheets, if necessary) (Be specific)
M-11" - L-1-1	
	•
-	·
	•
	
	
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i Ifan a	mendment provides for an exchange, reclassification, or cancellation of issued shares,
provi	tions for implementing the amendment if not contained in the amendment itself: f not applicable, indicate N/A)
(,	not appacable, material (NA)
JOSE	C. LOPEZ - PRESIDENT - 50% SHAREHOLDER
FERN	ANDO MENDEZ - VICE-PRESIDENT - 25% SHAREHOLDER
	CA MENDEZ - 25% SHAREHOLDER
	ON WEIGHT 20% OF MICH TOUBLE

The date of each amendment(s)	adoption: JANUARY 1, 2012
Effective date <u>if applicable</u> :	ANUARY 1, 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated Signsture	128/2012 My XVM
(By a select	Afrector, president or other office - if directors or officers have not been upd, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	JOSE C LOPEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)