

P07000 128 196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

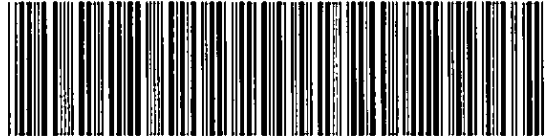
(Document Number)

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03/16/20--01041--007 \*\*35.00

FILED  
2020 APR -6 P 3:00  
M

Amend.  
4/9/20  
DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 APR -6 PM 12:38

March 30, 2020

Franklin Mirabal  
7000 SW 97th Ave  
Suite 210  
South Miami, FL 33173

SUBJECT: THE JOY OF LIFE ADULT DAY CARE, INC.  
Ref. Number: P07000128196

We have received your document for THE JOY OF LIFE ADULT DAY CARE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the box on line 3 on the second page of the amendment form indicating the type of action. Please check only one box under adoption of amendment on the last page of the amendment form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
OPS

Letter Number: 920A00006773

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: THE 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:

FRANKLIN MIRABAL

Name of Contact Person

Firm/ Company

7000 SW 97th AVENUE, SUITE 210

Address

SOUTH MIAMI, FLORIDA 33173

City/ State and Zip Code

fmirabal@wpharma.com

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

For further information concerning this matter, please call:

FRANKLIN MIRABAL at ( 305 ) 575-1752  
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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

THE JOY OF LIFE ADULT DAY CARE, INC.

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

P07000128196

(Document Number of Corporation (if known))

FILED  
2020 APR -6 P 3:00

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)

7000 SW 97th AVENUE, SUITE 210

SOUTH MIAMI, FLORIDA 33173

**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

FRANKLIN MIRABAL

7000 SW 97th AVENUE, SUITE 210

(Florida street address)

New Registered Office Address:

SOUTH MIAMI, FLORIDA

Florida

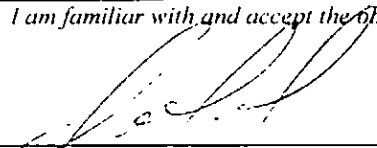
33173

(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

**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                      PT        John Doe

X Remove                    V        Mike Jones

X Add                        SV        Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>    </u> Change	<u>P</u>	<u>JOSE E. CARLOS LOPEZ</u>	<u>15190 SW 136TH ST., STE 6</u>
<u>    </u> Add			<u>MIAMI, FL 33196</u>
<u>XX</u> Remove			
2) <u>    </u> Change	<u>V</u>	<u>FERNANDO MENDEZ</u>	<u>15190 SW 136TH ST., STE 6</u>
<u>    </u> Add			<u>MIAMI, FLORIDA 33196</u>
<u>XX</u> Remove			
3) <u>    </u> Change	<u>PTD</u>	<u>FRANKLIN MIRABAL</u>	<u>7000 SW 97th AVENUE, SUITE 210</u>
<u>X</u> Add			<u>MIAMI, FL 33173</u>
<u>    </u> Remove			
4) <u>    </u> Change			
<u>    </u> Add			
<u>    </u> Remove			
5) <u>    </u> Change			
<u>    </u> Add			
<u>    </u> Remove			
6) <u>    </u> Change			
<u>    </u> Add			
<u>    </u> Remove			

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

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

[illegible]

**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)

FRANKLIN Mirabal, 100% shareholder

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February 28, 2020

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

February 28, 2020

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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)

Dated 2.28.2020

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)

Fernando Mendez

\_\_\_\_\_  
(Typed or printed name of person signing)

Vice President

\_\_\_\_\_  
(Title of person signing)