

PO8 0000 89369

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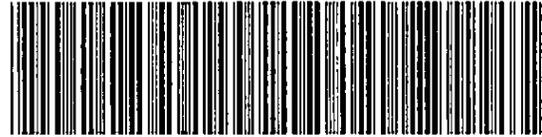
(Business Entity Name)

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**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** FOUR SEASONS ELDER CARE ALF, INC.

**DOCUMENT NUMBER:** P08000089369

The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

MICHAEL PEREZ

\_\_\_\_\_  
Name of Contact Person

FOUR SEASONS ELDER CARE ALF, INC.

\_\_\_\_\_  
Firm/ Company

6625 MIAMI LAKEWAY SOUTH

\_\_\_\_\_  
Address

MIAMI LAKES, FL 33014

\_\_\_\_\_  
City/ State and Zip Code

fourseasonselder@hotmail.com

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

For further information concerning this matter, please call:

MICHAEL PEREZ  
Name of Contact Person

(786) 877-2745  
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 & 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  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
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ARTICLES OF AMENDMENT  
to  
ARTICLES OF INCORPORATION  
of

**FOUR SEASONS ELDER CARE ALF, INC.**

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

**P08000089369**

Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006 of the Florida Statutes, this **Florida for Profit Corporation** hereby adopts the following amendments to its Articles of Incorporation:

**A. ARTICLE II – MAILING ADDRESS:**

The mailing address of the corporation is:

6625 MIAMI LAKEWAY SOUTH  
MIAMI LAKES, FL 33014

**B. ARTICLE V – REGISTERED AGENT:**

The name and the Florida street address of the registered agent is:

MICHAEL PEREZ  
6625 MIAMI LAKEWAY SOUTH  
MIAMI LAKES, FL 33014

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature

C. **ARTICLE VII – OFFICER(S) AND/OR DIRECTOR(S)**

<u>Type of Action</u>	<u>Title</u>	<u>Name</u>		<u>Address</u>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Add	P,T	AIDA SOLER	0%	1770 WEST 84 STREET HIALEAH, FL 33014
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Remove <input type="checkbox"/> Add	P	MICHAEL PEREZ	100%	4264 WEST 7 LANE HIALEAH, FL 33012

The date of each amendment(s) adoption: FEBRUARY 1<sup>ST</sup>, 2020

Effective date: FEBRUARY 1<sup>ST</sup>, 2020

**ADOPTION OF AMENDMENT**

The amendments were adopted by the shareholders. The number of votes cast for the amendments were sufficient for approval. The Amendments are hereby adopted and shall be effective as of the date written below.

Dated FEBRUARY 1<sup>ST</sup>, 2020

Signature   
Printed Name: MICHAEL PEREZ  
Title: P

Signature   
Printed Name: AIDA SOLER  
Title: Outgoing P,T