

P 09000044271

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000134741 3)))



H220001347413ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2022 APR 22 AM 10:06
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
CARING HANDS ASSISTED LIVING II INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Second Request

Electronic Filing Menu

Corporate Filing Menu

Help

Please File

cf 4/25/2022

RECEIVED

2022 APR 22 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FL

FILED

2022 APR 22 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLArticles of Amendment
to
Articles of Incorporation
ofCaring Hands Assisted Living II inc.Florida Document Number: P09000044271

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

Yumai Ka de la Caridad Estevez (VP) 50%OddHeriberto Aladro de Pupo 50%President13025 NW 2 aveMiami FL 33168

These articles of amendment were adopted on

04/20/2022

The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.

Signature

(P)

Yumai Ka de la Caridad Estevez

Printed Name and Title

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