P09000073612

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2020 AUG 31 AM 8: 22 SECRETARY OF STATE

COVER LETTER

Division of Corporations NAME OF CORPORATION: Alterations by Rosie Inc P09000073612 DOCUMENT NUMBER: The enclosed Articles of Amendment and fice are submitted for filing. Please return all correspondence concerning this matter to the following: Rosario Escobar Name of Contact Person HHA By Rosie Inc. Port Saint Lucie, FIL 34953 City/ State and Zip Code rdens12@hotmail..com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: OSOFIO ESCOBOY 358-4450 Area Code & Daytime Telephone Number

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

\$35 Filing Fee \$ Certificate of Status

TO: Amendment Section

☐\$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2020 AUG 31 AM 8: 22

Afterations by Rosie Inc	
	as currently filed with the Florida Dept. of SECRETARY OF STAT
P09000073612	1) 1,000
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
. U smending name, enter the new name of the corp	poration:
HHA By Rosie Inc.	The new
	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	N/A
Trincipal office address MOST BE A STREET ADDR	1200)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	, N/A
7. If amending the registered agent and/or registered new registered of	
Name of New Registered Agent	
Charles of the Artifician Charles of the Charles of	
	(Florida street address)
Name Production of Office Address.	
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Regist	
hereby accept the appointment as registered agent. To	am familiar with and accept the obligations of the position.
Signati	ure 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)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Trevasurer; 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.

X Change	<u>PT</u>	John Do	Ē	
X Remove	\underline{Y}	Mike Jor	nes	
X Add	<u>SV</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		-		
Add				
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change	- 1	••		
Add				
Remove				
5) Change		<u> </u>		
Add				
Remove				
6) Change				
Add		_		
				•
Remove				<u> </u>

(Attach additional sheets, if necessary).	(Be specific)
I/A	
·	
Han amandment provides for an exak	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame: (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
provisions for implementing the ame: (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
provisions for implementing the ame: (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
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provisions for implementing the ame: (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
provisions for implementing the ame: (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s	s) adoption:		, if other than the
date this document was signed.)5/08/202O		
Effective date if applicable:	13/06/2020		
	(no mo	ore than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the		the applicable statutory tiling requirements, records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK O	NE)	
The amendment(s) was/were action was not required.	adopted by the incorpor	rators, or board of directors without sharehold	der action and shareholder
The amendment(s) was/were by the shareholders was/were		liders. The number of vokes easi for the union 1.	र्थमालाक्ष्ऽ)
		tolders through voting groups. The following entitled to vote separately on the amendment(s	
"The number of votes of	ast for the amendment(s	s) was/were sufficient for approval	
by			
	(voting grou	ιp)	
Dated		· · · · · · · · · · · · · · · · · · · 	
Signature			
(By sele	a director, president or	other officer – if directors or officers have no r – if in the hands of a receiver, trustee, or oth	
	Rosario S Escoba	ır	
	(Typed o	or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	Presid ent/Owner	or printed name of person signing)	Ober
	(Title of	person signing)	