## P1000035/86

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10 OCT 29 PM 3: 10





## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF COR              | PORATION:                                 | LINDO HOUSE OF CARE  | , INC.   | 10 AK                                      |
|--------------------------|---|--|--|--|
| DOCUMENT NO              | UMBER:                                    | P10000035186   |  | RECEIM 8.03                                |
| The enclosed Artic       | cles of Amendment and fee                 | are submitted for filing.  |  | THO A                                      |
| Please return all co     | orrespondence concerning th               | nis matter to the following:                                     |  | ON THE SO                                  |
|                          |   | 7  |  | <b>y</b>                                   |
|                          |   | DAWN RENNIE  |  |  |
|                          |   | Name of Contact Person   |  |  |
|                          | LINDO                                     | HOUSE OF CARE, INC.  |  |  |
|                          |   | Firm/ Company  |  |  |
| 6821 SW 8TH CT           |   |  | ALU  | RECEIVED  10 OCT 18 AM 8:  SECRETABLE PLOF |
| Address                  |   |  |  |  |
|                          |   |  |  | 篇 。 四                                      |
|                          | NORTH                                     | LAUDERDALE, FL., 33068   | į  | To \$ <                                    |
| City/ State and Zip Code |   |  | es E   |  |
|                          |   |  |  | 8: 24<br>B: 24                             |
|                          | lindohous                                 | eofcare@yahoo.com  | -  | <b>&gt;</b>                                |
|                          | E-mail address: (to be us                 | ed for future annual report notification)                        | <del></del>  | Fund.                                      |
| For further inform       | ation concerning this matter              | , please call:   |  | FIL<br>10 OCT 29<br>SECRETAR<br>ALLAHASS   |
|                          | DAWN RENNIE                               | at ( 954 ) 97  | 70-9915  | 25<br>SS 25                                |
| Name                     | of Contact Person                         | Area Code & Daytime Tel  | ephone Number  | FILED<br>29 PH<br>ASSECT                   |
| Enclosed is a chec       | k for the following amount i              | made payable to the Florida Depart                               | ment of State:   | 3: 10                                      |
| ☑ \$35 Filing Fee        | S43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing For Certificate of S Certified Copy (Additional Copy | tatus                                      |
| Mailing A                | ddress                                    | Street Address   |  |  |
| Amendmer                 |   | Amendment Section  |  |  |
|                          | Corporations                              | Division of Corporations   |  |  |
| P.O. Box 6               | •   | Clifton Building   |  |  |
| Tollahavas               | ET 3731/                                  | 2661 Evenutive Centus Circle                                     |  |  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

|  | 91   |   | 之杰 二                         |
|--|--|---|------------------------------|
| LINDO HOU  | SE OF CARE, INC                                  | C   | 29                           |
| (Name of Corouration as curr   | mtly filed with the Flori                        | da Dani, of State)  | 42 =                         |
| P10  | 000035186  |   | To U                         |
| (Document Num  | iber of Corporation (if kn                       | own)  | <b>35</b> 5                  |
| Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:   | 6. Florida Statutes, this i                      | Florida Profit Corporation e  | dopts the following          |
| A. If amending name, enter the new name of   | the corporation:                                 |   |                              |
|  |  |   | The new                      |
| name must be distinguishable and contain to<br>abbreviation "Corp.," "Inc.," or Co.," or the<br>name must contain the word "chartered," "pro | designation "Corp." "In                          | ic," or "Co". A professione   | usu or the<br>il corporution |
| B. <u>Enter new principal office address, if and</u><br>(Principal office address <u>MUST BE A STREE</u>                                     | licables   | <del>lika kilaban manambang and ma</del> na na na sterpanget Peranggay Majanya — langga bag <i>anya</i> n di <del>angka</del> | <del></del>                  |
| (Principal office duaress MUSI REA STREE   | 1 AUUADDI I                                      | ······································  |                              |
|  |  |   |                              |
|  | <del></del>                                      | وليهي الله الأنسسية التاليونية والموادع المهادية المهادية المهادية المهادية المؤادية المؤادية المؤادية المهادية               |                              |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)   | (F RAY)  |   |                              |
| (Maung adares MALABA FISH STEEL  | LE BUO   |   | <del></del>                  |
|  |  |   |                              |
|  |  |   | ·                            |
| <li>If amending the registered agent and/or r<br/>new registered agent and/or the new registered.</li>                                       |  | in Florida, enter the name  | if the                       |
|  |  |   |                              |
| Name of New Registered Agent:  |  | ~ <del></del>   | ٠                            |
| New Registered Office Address:   | (Florida street                                  | ruldness)   |                              |
| CC TO AND THE THIRD ISSUED   | 12 10/100  | •   |                              |
|  | (City)   | , Florida   | and the court                |
|  | (Chy)  | (Ziji (Aldē)  |                              |
| New Registered Agent's Signature if changing it hereby accept the appointment as registered at   | ng Registered Agenti<br>gent. I am familiar with | and accept the obligations of   | the position.                |
| Si   | ignature of New Register                         | ed 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)

| Title        | Name   | Address  | Type of Action    |
|--------------|--|--|-------------------|
| OFFIC        | ENA POWELL   | 4806 NW 14TH STREET<br>COCONUT CREEK, FL 33063 | ☑ Add ☐ Remove    |
| <del></del>  |  |  | Add Remove        |
| <del></del>  |  |  | ☐ Add<br>☐ Remove |
|              | ling or adding additional Articies, en<br>Iditional sheets, if necessary). (Be sp                  |  |                   |
| provisio     | tendment provides for an exchange, one for implementing the amendment of applicable, indicate N/A) | reclassification, or cancellation of in-       | ged shares.       |
| (g no<br>N/A | ol applicable, indicale N/A)   |  |                   |
| NIC          |  |  |                   |
|              |  |  |                   |
| <del></del>  |  |  |                   |
|              |  |  |                   |
|              |  |  | <del></del>       |

| The date of each amendmen                         | t(s) adoption: 09                     | 0/23/2010   |
|---|---------------------------------------|---|
| Effective date if applicable:                     |                                       | (date of adoption is required)  |
|   | (no more than 9                       | () days after amendment file date)  |
| Adoption of Amendment(s)                          | (CH                                   | ECK ONE)  |
| The amendment(s) was/we by the shareholders was/w |                                       | shareholders. The number of votes cast for the amendment(s) approval.   |
|   |                                       | ne shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s): |
| "The number of votes                              | cast for the amen                     | dment(s) was/were sufficient for approval   |
| by  | (voting group)                        |   |
|   | (voung group)                         |   |
| The amendment(s) was/we action was not required.  | ere adopted by the                    | board of directors without shareholder action and shareholder   |
| The amendment(s) was/we action was not required.  | ere adopted by the                    | incorporators without shareholder action and shareholder  |
| Dated 09/2  | 27/2010                               |   |
| Signature 🗸                                       | Dawn                                  | Renne   |
| (B <sub>3</sub>                                   | a director, presid                    | lent or other officer - if directors or officers have not been  |
|   | ected, by an incorpointed fiduciary t | porator — if in the hands of a receiver, trustee, or other count by that fiduciary)                                   |
| •   |                                       | DAWN RENNIE   |
|   | (Ту                                   | ped or printed name of person signing)  |
|   |                                       | CEO   |
|   | (Title of                             | f person signing)   |