P10000049009

(Re	questor's Name)	<u> </u>
(Ad	dress)	
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(Cit	ry/State/Zip/Phone #	n
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
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SECRETARY OF STATE OF STATE OF CORPORATION

UCI 2.2.2013

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: NUEVO HORIZ	ZONTE ASSISTED L	IVING FACILITY, INC.
DOCUMENT NUMI	_{BER:} P1000004900	9	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	ROBERTO CABE	RERA	
		Name of Contact Person	1
	NUEVO HORIZON	TE ASSISTED LI	VING FACILITY, INC.
		Firm/ Company	
	8111 N. OLA AVI	E	
		Address	· · · · · · · · · · · · · · · · · · ·
	TAMPA, FL. 3360	04	
		City/ State and Zip Cod	e
JRI	UNITEDHANDS@	HOTMAIL.COM	Λ
		sed for future annual report	
For further informatio	n concerning this matter, pleas	se call:	
ROBERTO C	CABRERA	at (813	, 817 1379
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)
Amo Divi P.O	ling Address endment Section ision of Corporations Box 6327 ahassec, FL 32314	Ameno Divisio Clifton 2661 I:	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation

NUEVO HORIZONTE ASSISTED LIVING FACILITY, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P10000049009 (Document Number of Corporation (if known) 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: 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) 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 (Florida street address) New Registered Office Address: Florida (City) 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

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	ROBERTO CABRERA	8006 W. POCAHONTAS AVE
Add			TAMPA, FL. 33615
X Remove			
2) Change	Р	MARIA C. PUENTES	3211 W SITKA ST
X_{Add}		·	TAMPA, FL. 33614
Remove			
3) Change	S	ROBERTO CABRERA	6906 SHADY PLACE
XAdd			TAMPA, FL. 33634
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	sary). (Be specific)	nge(s) here:		
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in amendment provides for a rovisions for implementing th (if not applicable, indicate N	e amen <u>dme</u> nt if not	fication, or cancella	tion of issued sha endment itself:	es,

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
☐ 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)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10/01/2013	
Signature Q	
(By a director, president of 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)	
ROBERTO CABRERA	
(Typed or printed name of person signing)	
PRESIDENT	•

(Title of person signing)