

ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DEL CASTILLO ADULT DAY CARE INC.

DOCUMENT NUMBER: P10000095375

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

YOLANDA GUERRA

Name of Contact Person

DEL CASTILLO ADULT DAY CARE INC.

Firm/ Company

3536 WEST FLAGLER ST

Address

MIAMI, FL 33135

City/ State and Zip Code

DELCASTILLOADULTDAYCARE@YAHOO.COM

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

For further information concerning this matter, please call:

YOLANDA GUERRA

Name of Contact Person

at (786)

760-4212

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

**ARTICLES OF AMENDMENT
to
ARTICLES OF INCORPORATION
of
DEL CASTILLO ADULT DAY CARE INC.**

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

P10000095375

Document Number of Corporation (if known)

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

A. ARTICLE IV – REGISTERED AGENT:

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

YOLANDA GUERRA
DEL CASTILLO ADULT DAY CARE INC.
3536 West Flagler Street
Miami, FL 33135

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 607.0501, F.S..



Registered Agent's Signature

B. ARTICLE VI – OFFICERS AND DIRECTORS:

<u>Type of Action</u>	<u>Title</u>	<u>Name</u>	<u>Address</u>
☐ Change	PSTD	YOLANDA GUERRA	3536 West Flagler Street
☐ Remove			Miami, FL 33135
☒ Add			
☒ Change	VP	DALIA DEL CASTILLO	3536 West Flagler Street
☐ Remove			Miami, FL 33135
☐ Add			

2018 AUG -6 AM 10:04
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: AUGUST 1ST 2018

Effective date: AUGUST 1ST 2018

Adoption of Amendment

- ☒ The amendments were adopted by the shareholders. The number of votes cast for the amendments were sufficient for approval.

Dated AUGUST 1ST 2018

Signature



Printed Name: DALIA DEL CASTILLO

Title: President