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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BETTY'S HOMES	S & HEALTH SERVICES	INC			
DOCUMENT NUM	D11000000507					
The enclosed Articles	s of Amendment and fee are su	abmitted for filing.				
Please return all corre	espondence concerning this ma	itter to the following:				
	ADLER LABOSSIERE					
	Name of Contact Person					
	Firm/ Company					
	30844 WESTRIDGE TER					
	SORRENTO, FL 32776	Address				
	50KRENTO, PL 32770	C: 18:				
		City/ State and Zip Cod	e			
adler	labossiere@yahoo.com		ν			
	E-mail address: (to be us	sed for future annual report	notification)			
For further informatic	on concerning this matter, pleas	se call:				
ADLER LABOSSIE	RE	at (³⁵²	de & Daytime Telephone Number			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made [payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	□S43.75 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)			
Am Div P,O	endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301			

Articles of Amendment to Articles of Incorporation of

BETTY'S HOMES & HEALTH SERVICES INC	
(Name of Corporati	on as currently filed with the Florida Dept. of State)
P11000009596	
(Docun	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation;	a Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:
	The new
	d "corporation," "company," or "incorporated" or the abbreviation ," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable	
(Principal office address <u>MUST BE A STREET ADE</u>	<u>nress</u>)
	0CT F
C. Enter new mailing address, if applicable:	<u>-</u>
(Mailing address <u>MAY BE A POST OFFICE BO</u>	
	. 5
	(.) m
D. If amending the registered agent and/or register new registered agent and/or the new registered	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
Signe	ature of New Registered Agent, if changing

address of each Office (Attach additional shee Please note the officer? P = President; V = Vic Executive Officer; CFO held, President, Treasu Changes should be not a change, Mike Jones I Mike Jones, V as Remo	er and/or 1 ets, if neces director tit ee Presiden O = Chief erer, Direct ed in the fo-	Director being added: sary) le by the first letter of the office title; t; T= Treasurer: S= Secretary; D= Financial Officer, If an officer/direct or would be PTD. bllowing manner. Currently John Do	Oirector; TR= Trustee; C = Chairman or Clerk; CEO = Chief tor holds more than one title, list the first letter of each office is listed as the PST and Mike Jones is listed as the V. There is V and S. These should be noted as John Doe, PT as a Change.
Example: 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>	Address
I) Change			
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
5) Change			
Add			

_ Remove

	nending or adding additional Articles, enter change(s) here: the additional sheets, if necessary). (Be specific)
- <u>-</u> -	
	
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pro	amendment provides for an exchange, reclassification, or cancellation of issued shares, risions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
THE RE	CLASSIFICATION OF ISSUED SHARES WILL BE AS STATED: 82% OF THE SHARES WILL BE HELD
37, VDI	LER LABOSSIERE OF 30844 WESTRIDGE TR, SORRENTO, FL 32776 AND 18% OF THE SHARES WILL B
HELD E	Y MARIE LABOSSIERE FO 30844 WESTRIDGE TR, SORRENTO, FL 32776.

The date of each amendment(s) adoption:	ther than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	l I
☐ 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)	
☐ 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.	
10/12/2017 Dated	
(By a director, president or 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)	
ADLER LABOSSIERE	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	