(Requ	estor's Name)	
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AUG 1 0 2015 I ALBRITTÓN

COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION:	YANT & YARI HONE CARE DUC.		
DOCUMENT NUMBER:	P11000032448		
	nent and fee are submitted for filing.		
Please return all correspondence c	oncerning this matter to the following:		
	Nevery ALONSO PRAPATIONEZ		
A	Vereley ALONSO. PLATATIVEZ Vani d'Hari Home Cave, Inc		
	Firm/Company 18201 DW 57 Aue.		
	Address City/ State and Zip Code		
	City/ State and Zip Code		
	neverse alonso @ gnail, com.		
E-mai	l address: (to be used for future annual report notification)		
For further information concerning	g this matter, please call:		
Vareese Al	LONSO Hannily, 305, 439 0398		
Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for the follow	ing amount made payable to the Florida Department of State:		
	7.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee difficate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)		
Mailing Addre Amendment Sea Division of Cor P.O. Box 6327 Tallahassee, FL	ction Amendment Section porations Division of Corporations Clifton Building		

Articles of Amendment

Articles of Incorporation

Horse Care, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

	P110000324	148
	(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this <i>Florida Profit</i>	Corporation adopts the following amendment(s)
A. If amending name, enter the new name	of the corporation:	
		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or "Co". A profes	
B. Enter new principal office address, if a (Principal office address MUST BE A STR.)		
• • • • • • • • • • • • • • • • • • • •	<u></u>	
C. Enter new mailing address, if applicat (Mailing address MAY BE A POST OF		
D. If amending the registered agent and/o new registered agent and/or the new re-		, enter the name of the
	LYOPOTSO ALONSO HARTINE	
Name of New Registered Agent	18201 NW 57 A	fere.
-	(Florida street address)	
New Registered Office Address:	féarce	. Florida 93055
Hen Registered Office Madregg.	(City)	(Zip Code)
New Registered Agent's Signature, if char	nging Registered Agent:	
I hereby accept the appointment as registere	ed agent. I am familiar with and accep	t the obligations of the position.
	2 1 nask	
	(DWATT).	
	Signature of New Registered Ager	nt, if changing

Page 1 of 4

Alt Me & M. 9. 36

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.

Example:

X Change	PT John I	<u>Doe</u>	
X Remove	V Mike.	Jones .	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One) 1) ChangeAdd	Title V.P	Mario Collazo.	182010W57 Aug Heiari, Fr 33035
Z) Change Add	<u>v.P</u>	Nereisa Alaoso Martivez.	18201 DW 57 Aug Niverei fr 33055.
Remove 3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

	eets, if necessary). (B	e specific)			
					
				<u> </u>	
	-				
	<u>.</u>				
	<u> </u>				
rovisions for impl	ovides for an exchang lementing the amendm	e, reclassification, or nent if not contained	cancellation of issuinther the cancellation of issuint in the amendment i	<u>ied shares,</u> itself:	
(if not applicab	le, indicate N/A)				
				·	

T 1. 6 1 1	(08/03/15	if other than the
The date of each amendment(s) as date this document was signed.	option:	, if other than the
,-	08/03/15.	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendme fficient for approval.	mt(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	:
Dated	08/03/15	
Signature	Mary	
(By a d selecte	irector, president or other officer – if directors or officers have not be d, by an incorporator – if in the hands of a receiver, trustee, or other of ted fiduciary by that fiduciary)	
	Mareisa Alenso Marini	X2:
	(Typed or printed name of person signing)	
	President:	
	(Title of person signing)	