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COVER LETTER

TÖ: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: Al Care Systems I	nc	
DOCUMENT NUMB	ER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Nonye Joe Nduka		
-		Name of Contact Person	n
	A1 Care Systems Inc		
-	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
	6613 Shady Oak Dr	, and the particular to the pa	
-		Address	
	Jacksonville, Florida 32277		
-		City/ State and Zip Cod	e
alcare	systems@yahoo.com		
		sed for future annual report	notification)
	2	ou io iu uno mando ioport	
For further information	concerning this matter, pleas	se call:	
Nonye Joe Nduka		904 at (7167106
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)
Ame Divis P.O.	ing Address indment Section sion of Corporations Box 6327 shassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	ntly filed with the Florida Dept. of State)		
A1 Care Systems Inc.			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following	g amendme	nt(s) t
A. If amending name, enter the new name of the corporation: N/A			
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must c		l
B. Enter new principal office address, if applicable:	6613 Shady Oak Dr		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Jacksonville,Florida 32277		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6613 Shady Oak Dr		
	Jacksonville Florida 32277		
D. If amending the registered agent and/or registered office ad		.15	
new registered agent and/or the new registered office address	<u> </u>	A I	-66
Name of New Registered Agent G		မေ မ	, 5 H
	street address)		,80
New Registered Office Address:	, Florida	က် ်	ΑÏS
	(City) (Zip C		E C
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		A	
C' 4	v 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)

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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	<u>PT</u>	John Doc		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change		N/A		
Add				
Remove				
2) Change		N/A		
Add				
Remove				
3)Change		N/A		SEC TALL 15
Add				AUG CRET
Remove				31 P
4) Change		N/A		三 三
Add				STATE ORIDA 3: 31
Remove				
5) Change		N/A		
Add				
Remove				
6) Change		N/A		
Add				
Remove				

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)		
I/A			
			
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		55	ΣĘ
		AUG	3
		<u> </u>	
	·	PH	(ří * (m.c
If an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	ငှာ	Ω. Ο .
(if not applicable, indicate N/A)		31	
//A		· · · · · · · · · · · · · · · · · · ·	→
		·	
			_
		<u> </u>	

1	N/A	
The date of each amendment(s) ado	otion:	, if other than the
date this document was signed.		
N/A Effective date if applicable:		
Effective date il applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blod document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date vertment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	r the amendment(s) was/were sufficient for approval	
by N/A	"	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	SECRET TALLAR
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	FII FIAR 16 31
8/27/2015 Dated		HE SECTION
Signature	James (STAT CORII
(By a dire selected,	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court if fiduciary by that fiduciary)	DM P
N	onye Joe Nduka	
	(Typed or printed name of person signing)	
C	ЕО	
 -	(Title of person signing)	