P11000094573

(Req	uestor's Name)	
. (Add	ress)	
. (Add	ress)	
(City.	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
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Amend. 6-6-12 De

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LIFELINE PR	ROVIDERS INC		
DOCUMENT NUMBER: P 11000094573			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following	g:		
ELEANOR BEG	6S		
Firm/ Com	VIDERS INC		
	BLEWOOD DR		
_	Zip Code		
E-mail address: (to be used for future annu			
For further information concerning this matter, please call:			
Eleano Bogs at 7	27 484-507/		
Enclosed is a check for the following amount made payable to the Flor	ida Department of State:		
\$35 Filing Fee Secretificate of Status Certified Cop. (Additional coenclosed)	y Certificate of Status		
Mailing Address	Street Address		
Amendment Section Division of Cornerations	Amendment Section Division of Corporations		

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

	Articles of in					
LIFELINE PROV	IDERS	INC				
(Name of Corporation as current			State)			
	94573					
(Document Numbe	er of Corporation ((if known)				
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this	s Florida Profit (Corporation ado	pts the following	; amendme	nt(s) t
A. If amending name, enter the new name of th	e corporation;					
			·		The new	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp." "Inc." or	"Co". A profes			breviation	,
B. Enter new principal office address, if applica	able:				_	
(Principal office address MUST BE A STREET A	ADDRESS)	- 	-		<u>ک</u>	
				311104		1
					29	Same?
C. Enter new mailing address, if applicable:	DOW)					7 V
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u>)			27	် က် သူ	5.00
			-		ω ω	
				¥.	A August	
D. If amending the registered agent and/or reginew registered agent and/or the new registered			enter the name	of the		
Name of New Registered Agent						
	(Florida st	reet address)				
New Registered Office Address:			. Florida			
They regime en Office Huaress.	(City,)	, 1 lonua	(Zip Code)		
New Degistered Agent's Cignotium If showing	Damintanud Accord	4.				
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent	<u>kegistereg Agent</u> nt. – l am familiar	u: with and accept	the obligations o	f the position.		
			•			
Signature o	f New Registered	Agent if changing	200			

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 <math>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: XChange	<u>PT John</u>	<u>Doe</u>	
X Remove	V Mike	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add X Remove	<u>Pis</u> d	GARY HOLMES	7109 BRAMBLEWOOD PR PORTRICHEY FL 34668
2) Change Add Remove	PTSD	ELEANOR BEGGS	7109 BRAMBLEWOOD DR PORTRICHEY FL 34668
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

ttach additional :	ding additional Ar sheets, if necessary)	. (Be specific)		
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an amendment i	provides for an exc plementing the am	hange, reclass	ification, or car	cellation of issue	ed shares,
(if not applica	able, indicate N/A)	enament ii not	contamed in ti	ie amenoment it	seii:
					· · · · · · · · · · · · · · · · · · ·
		-	 		
		<u> </u>		<u> </u>	
			<u> </u>		

+ /23/25/2
The date of each amendment(s) adoption:
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 Lory (voting group)
(voling 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 5 23 701-2
Signature (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)
Eleanon Begs 5 (Typed or printed name of person signing)
(Typed or printed name of person signing)
PYST only person (Title of person signing)