## P11000199558

(Re	equestor's Name)	
(Ad)	Idress)	
(114	iai (533)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
(50	, our mont manifest,	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

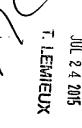


900261897139

07/10/14--01004--002 \*\*35.00

14 JUL 10 PM 3: 34
SECRETARY OF STATE
ALLAHASSEE, FLORID

APPLOYED



July 8th, 2014

Tracy L. Lemieux

**Division of Corporations** 

P.O. Box 6327

Tallahassee, Florida 32314

SUBJECT:

DOT COM SECRETS FLORIDA, INC

Ref. Number: P11000099558

We have received your letter for DOT COM SECRETS FLORIDA, INC and understand that the name designated in our document has not been filed.

Please see the enclosed form with a new name which is WEBCARE, INC. Please make the amendment to our corporate name and let us know if you need anything else from us, whatsoever.

In addition, it is our belief that our original check was not processed. Please see the enclosed check in the amount of \$35. If you did receive the funds from the original check please dispose of this check appropriately.

If you have any questions concerning the document please call (305)978-0682.

Regards,

Calvin Sibley



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 26, 2014

CALVIN SIBLEY 16850 COLLINS AVE #112 SUNNY ISLES BEACH, FL 33160

SUBJECT: DOT COM SECRETS FLORIDA INC.

Ref. Number: P11000099558

We have received your document for DOT COM SECRETS FLORIDA INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or vour filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 014A00013941

## Articles of Amendment to Articles of Incorporation of

Dot Com Secrets Florida, Inc	
(Name of corporation as currently filed with the Florida De	ept. of State)
P11000099558	
(Document number of corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this Fidopts the following amendment(s) to its Articles of Incorporation:	lorida Profit Corporation
EW CORPORATE NAME (if changing):	
Webcare, inc	
Must contain the word "corporation," "company," or "incorporated" or the abbreviat A professional corporation must contain the word "chartered", "professional associa	ion "Corp.," "Inc.," or "Co.")
MENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) nd/or Article Title(s) being amended, added or deleted: (BE SPECIFIC	
nd/or Article Title(s) being amended, added or deleted: (BE SPECIFIC	<u>C</u> )
	. SE
	DRE AH
	ASS
	FLO
	20 E
(Attach additional pages if necessary)	

The date of each amendment(s) adoption: 6/7/2014		
Effective date if applicable: 6/7/2014		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
	) was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	
	) was/were approved by the shareholders through voting groups. The nt must be separately provided for each voting group entitled to vote amendment(s):	
"The number of	of votes cast for the amendment(s) was/were sufficient for approval by	
<del></del>	(voting group)	
	) was/were adopted by the board of directors without shareholder action ction was not required.	
The amendment(s shareholder action	) was/were adopted by the incorporators without shareholder action and was not required.	
sele	a director, president or other officer - if directors or officers have not been cted, by an incorporator - if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
Ca	alvin Sibley	
	(Typed or printed name of person signing)	
Pr	esident	
<del></del>	(Title of negron signing)	

4

FILING FEE: \$35