## P13000056556

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| PICK-UP                 | WAIT MAIL                               |
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|                         |   |
|                         | (Business Entity Name)                  |
|                         |   |
|                         | (Document Number)                       |
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| Certified Cooles        | Certificates of Status                  |
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| Special Instructions to | o Filing Officer:                       |
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## COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO                             | ORATION:FLORIDA FIRST                       | SENIOR HOME CARE, I  | NC.  |  |
|---|---|--|--|--|
|   | IBER:P13000056556                           |  |  |  |
|   | es of Amendment and fee are su              | ibmitted for filing.   |  |  |
| Please return all cor                     | respondence concerning this ma              | utter to the following:  |  |  |
|   | Lisa Kaufman-Bensmihen                      |  |  |  |
|   |   | Name of Contact Perso  | n  |  |
|   |   | Firm/ Company  |  |  |
|   | 4700 NW 2ND AVE #400                        |  |  |  |
|   |   | Address  | · · · · ·  |  |
|   | BOCA RATON, FL 33431                        |  |  |  |
|   |   | City/ State and Zip Cod  | e  |  |
|   | lisa@bocahomecare.com                       |  |  |  |
|   | E-mail address: (to be us                   | sed for future annual report                                       | notification)  |  |
| For further informat                      | ion concerning this matter, plea            | se call:   |  |  |
| Lisa Kaufman-Bensmihen                    |   | at (   | 989-0611   |  |
| Name                                      | e of Contact Person                         | Area Co  | de & Daytime Telephone Number  |  |
| Enclosed is a check                       | for the following amount made               | payable to the Florida Dep.  | artment of State:  |  |
| S35 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) |  |
| Mailing Address                           |   | Street   | Address  |  |
| Amendment Section                         |   | Amendment Section  |  |  |
| Division of Corporations<br>P.O. Box 6327 |   | Division of Corporations The Centre of Tallahassee                 |  |  |
| Tallahassee, FL 32314                     |   |  | 2415 N. Monroe Street, Suite 810   |  |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

## FILED

FLORIDA FIRST SENIOR HOME CARE, INC.

2024 OCT -2 AM 10: 09

| (Name of Corporation as curren  | tly filed with the Florida Dept. of State)                     |  |  |  |
|---|--|--|--|--|
| P13000056556  | TAÜLAĤASSEE, FLORIDA   |  |  |  |
| (Document Number  | of Corporation (if known)                                      |  |  |  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:   | s Florida Profit Corporation adopts the following amendment(s) |  |  |  |
| A. If amending name, enter the new name of the corporation:   |  |  |  |  |
| name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A. | A professional corporation name must contain the word          |  |  |  |
| B. Enter new principal office address, if applicable:   | 4360 N. Lake Blvd  |  |  |  |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )   | Suite 201  |  |  |  |
|   | Palm Beach Gardens, FL 33410                                   |  |  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 4700 NW 2nd Ave  |  |  |  |
|   | Suite 400A   |  |  |  |
|   | Boca Raton, FL 33431   |  |  |  |
| D. If amending the registered agent and/or registered office ad-<br>new registered agent and/or the new registered office address<br>Name of New Registered Agent                               |  |  |  |  |
| tFlorida s  | irect address)   |  |  |  |
| New Registered Office Address:  | , Florida  |  |  |  |
|   | (Zip Code)   |  |  |  |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian  |  |  |  |  |
| Signature of New  | Registered Agent, if changing                                  |  |  |  |
| Check if applicable  The amendment(s) is are being filed pursuant to s. 607.0120 (11)   | He), F.S.  |  |  |  |

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,  $\hat{V}$  = Vice President:  $\hat{T}$  = Treasurer;  $S^2$  = Secretary, D = Director; TR = Trustee, C = Chairman or Clerk; CEO = Chief Executive Officer; CEO = 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.

| X Change                      | <u>PT</u>       | John Doe     |                 |
|-------------------------------|-----------------|--------------|-----------------|
| X Remove                      | $\underline{V}$ | Mike Jones   |                 |
| X Add                         | <u>sv</u>       | Sally Smith  |                 |
| Type of Action<br>(Check One) | Title           | <u>Name</u>  | <u>Addres</u> s |
| 1) Change                     |                 |              |                 |
| Add                           |                 |              |                 |
| Remove                        |                 |              |                 |
| 2) Change                     |                 | <u> </u>     |                 |
| Add                           |                 |              |                 |
| Remove<br>3 ) Change          | <del>- :</del>  |              |                 |
| Add                           |                 |              |                 |
| Remove                        |                 |              |                 |
| 4) Change                     |                 | _            |                 |
| Add                           |                 |              |                 |
| Remove                        |                 |              |                 |
| 51 Change                     |                 |              |                 |
| Add                           |                 |              | -               |
| Remove                        |                 |              |                 |
| 6) Change                     |                 |              |                 |
| Add                           |                 | <del>-</del> |                 |
|                               |                 |              |                 |
| Remove                        |                 |              | <del></del>     |

| If amending or adding additional A (Attach additional sheets, if necessary | v) (Be specific)   |
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| 16   | the control of the co |
| provisions for implementing the a  | Achange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:  |
| (if not applicable, indicate N A)  | )  |
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|   | s) adoption:   | , if other than the   |
|---|--|-----------------------|
| date this document was signed.  Effective date if applicable: | 11/5/2024  |                       |
|   | tno more than 90 days after amendment file date)   |                       |
| document's effective date on th                               | ais block does not meet the applicable statutory filing requirements, this date we Department of State's records.  |                       |
| Adoption of Amendment(s)                                      | ( <u>CHECK ONE</u> )   |                       |
| ■ The amendment(s) was/were action was not required.          | (CHECK ONE)  adopted by the incorporators, or board of directors without shareholder action are adopted by the shareholders. The number of votes cast for the amendment(s) approval, approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):  (voting group) | id shareholder        |
| ☐ The amendment(s) was/were by the shareholders was/we        | adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.  |                       |
| ☐ The amendment(s) was/were must be separately provided       | approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):   | 2024 OCT -2 AM IO: 09 |
| "The number of votes  | cast for the amendment(s) was/were sufficient for approval   | 7-2                   |
| by  | (voting group)   |                       |
|   | (Wang giving)  | FLO.                  |
| Dated   |  | 89<br>800             |
| Cimptur   | Litalyman vensminen  |                       |
| sel   | a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)  |                       |
|   | Lisa Kaufman-Bensmilien  |                       |
|   | (Typed or printed name of person signing)  | <del></del>           |
|   | President / Director   |                       |
|   | (Title of person signing)  |                       |