## P13000001352

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## **COVER LETTER**

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**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION: INNOCENT HEA	LTH CARE CORPORATION	NC		
	MBER:				
	es of Amendment and fee are su	bmitted for filing.			
Please return all cor	теspondence concerning this ma	tter to the following:			
	MAKENZIE RESEAU				
		Name of Contact Persor	1		
	GUSTAVE HEALTH CARE CORPORATION				
		Firm/ Company			
	8901 NW 21ST AVENUE	. The Company			
		Address			
	MIAMI, FL 33147				
		City/ State and Zip Cod	e		
T'I-	URDHOPE@HOTMAIL.COM				
		sed for future annual report	notification)		
	13-man address. (10 be a.	sea for fatare annual report			
For further informa	tion concerning this matter, pleas	se call:			
MAKENZIE RESEAU		305 at (	457-4961		
MAKENZIE RESEAU at (305 ) 457-4961  Name of Contact Person Area Code & Daytime			de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
\$38 Filings Fee	DS43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amenament
to
Articles of Incorporation
of

Articles of li	Amendment o ncorporation of	Lof State)
INNOCENT HEALTH CARE CORPORATION	ar et al. Et al. Et al. No.	· · · · · · · · · · · · · · · · · · ·
(Name of Corporation as curren P13000067352	tiv filed with the Florida Dep	t. of State)
	of Corporation (if known)	1//
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation a	dopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
GUSTAVE HEALTH CARE CORPORATION  name must be distinguishable and contain the word "corporate	ion " "company " or "incorn	The new
name must be distinguishable that conditi the word "corporation". "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corpor	ation name must contain the
B. Enter new principal office address, if applicable:	8901 NW 21ST AVENUE	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33147	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	PO BOX 680611 N MIAMI, FL 33168	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		me of the
Name of New Registered Agent SAME		
(Florida :	street address)	
New Registered Office Address:	(City)	_, Florida (Zip Code)

Page 1 of 4

Signature of New 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)

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u> </u>		
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
	•	
	hange, reclassification, or cancellation of issued shares,	
	range, reclassification, or cancellation of issued states,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
or or implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
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	10/31/2018		
The date of each amendment(s)	adoption:		, if other than the
date this document was signed.			
10 Effective date if applicable:	/31/2018		
Effective date in applicable.	(no more tha	an 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the ap Department of State's records	oplicable statutory filing requirements, this s.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
☐ The amendment(s) was/were a by the shareholders was/were		The number of votes cast for the amendmen	nt(s)
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders or each voting group entitled	through voting groups. The following state d to vote separately on the amendment(s):	ment
"The number of votes ca	st for the amendment(s) was/	/were sufficient for approval	
by	(voting group)	· · · · · · · · · · · · · · · · · · ·	
	(voting group)		
action was not required.		tors without shareholder action and shareho without shareholder action and shareholder	lder
action was not required.	dopice by the mempiration.		
10/31/20 Dated	• • •		
(By a select		officer – if directors or officers have not been the hands of a receiver, trustee, or other co	
	MARIE GUSTAVE	Maria gustarre	· · · · · · · · · · · · · · · · · · ·
	(Typed or print	nted name of person signing)	
	SECRETARY		
	(Ti	itle of person signing)	

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