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WASSEE, FLORID

AUG 12 2015

R. WHITE

## \* COVER LETTER

**TO:** Amendment Section Division of Corporations

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NAME OF CORPO	RATION: Angele's Assited L	iving Facility, Inc.	
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Yaritza Lucia Valdés		
	1984 ************************************	Name of Contact Persor	1
	Angele's Assisted Living Fac	ility, Inc.	
	<del></del>	Firm/ Company	
	29921 SW 151 ave		
	,	Address	
	Homestead, Fl. 33033		
		City/ State and Zip Code	e
aaltin	ıc@gmail.com		
		sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Yartiza Lucia Valdés		at ( 305	) 968-9030 de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to ' Articles of Incorporation of

Angele's Assisted Living Facility, Inc.

15 AUG 11 AN 6: 32

( <u>Name</u>	of Corporation as curre	ntly filed with the Florida Dept. of State)
3000080829		
	(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
N/A		The new
	nation "Corp." "Inc." or	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address,	if annlicable:	N/A
(Principal office address MUST BE A S		
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)		N/A
D. If amending the registered agent as	d/or registered office of	ddress in Florida, enter the name of the
new registered agent and/or the new		
Yaritza Lucia Valdés		
Name of New Registered Agent	20021 611/151 4	· · · · · · · · · · · · · · · · · · ·
	29921 SW 151 Ave.	
		street address)
New Registered Office Address:	Homestead	, Florida
		(City) (Zip Code)
N		
New Registered Agent's Signature, if c		nt:  or with and accept the obligations of the position.
· mercey steered in a square and region		,
		A
	170	\$
	Silmatura of Nov	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)

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.

<u>X</u> Change	$\underline{PT}$	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	Yaritza Lucia Valdes	29921 SW 151 Ave.
Add			Homestead, Fl. 33033
Remove			
2) Change	P/T	Lisbeth Basnuevo	1492 Egret Rd.
Add			Homestead, Fl. 33035
X Remove			
3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
		N/A	
6) Change		N/A	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
N/A
· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
Yaritza Lucia Valdés Last 50 Shares for a Total of 100 Shares

	008/01/2015	
The date of each amendment(s)	яdoption:	, if other than the
late this document was signed.		
	/01/2015 `	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more man 20 days after amenament file actio)	
Note: If the date inserted in this locument's effective date on the D	block does not meet the applicable statutory filing requirements, this openartment of State's records.	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes east for the amendment sufficient for approval.	l(s)
	oproved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s):	nent
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
· ,	(voling group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and sharehol	der
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
08/01/201	15	
Dated	1117	
	$\alpha$	
Signature		
	director, president or other officer - if directors or officers have not bee	n
selec	ted, by an incorporator – if in the hands of a receiver, trustee, or other co	urt
appb	inted fiduciary by that fiduciary)	
	Yartiza Lucia Valdés	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	