## P13000080829

(Re	questor's Name)	
(Ad	dress)	
(Ad	idress)	· · · · · ·
(Cit	ty/State/Zip/Phon	e #).
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(Bu	isiness Entity Nai	me)
(Do	ocument Number)	}
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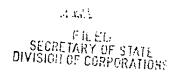
## **COVER LETTER**

'**FO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Angele's Assisted l	Living Facility, Inc.			
DOCUMENT NUMBER: P1300008029					
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Lisbeth Basnuevo				
-		Name of Contact Person	1		
	Angele's Assisted Living Fac	ility, Inc.			
-	Firm/ Company				
	1492 Egret Rd.	- ·			
-	Address				
	Homestead, Fl. 33035				
•	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	e		
nalfina	a ameil aum				
	@gmail.com	sed for future annual report	notification)		
	E-man address. (to be da	sed for future aimuar report	notification)		
For further information	concerning this matter, please	se call:			
Lisbeth Basnuevo		at ( <sup>786</sup>	234-3055		
Name o	f Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	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)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	ing Address		Address		
Amendment Section Division of Corporations		Amendment Section Division of Corporations			
	Box 6327	Clifton Building			
Tallahassee, FL 32314 2661 Executive Center Circle					

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Angele's Assisted Living Facility, Inc.

16 MAY 10 AM 10: 20

(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
P13000080829	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation;	
N/A	The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
	<del> </del>
C. Enter new mailing address, if applicable:	×
(Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office at new registered agent and/or the new registered office addr	
N/A	ess:
Name of New Registered Agent	
(Florida	a street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
	(-,-,-
New Registered Agent's Signature, if changing Registered Age	ent:
I hereby accept the appointment as registered agent. I am familia	
Signature of New	w 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.

X Change	PT	John Doc	
X Remove	<u>V</u>	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	Р	Lisbeth Basnuevo	1492 Egret Rd.
Add			Homestead, Fl. 33035
Remove			
2) Change	P	Yaritza Lucia Valdés	29921 SW 151 Ave.
Add			Homestead, Fl. 33033
X Remove			<del></del>
3 ) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			<del> </del>
6) Change		N/A	
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
	<del></del>
<u> </u>	
	have valerification or equalistical of igned shows
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
Lisbeth Basnuevo Last 50 Shares for a Total	al of 100 Shares

•	05/03/2016		
The date of each amendment(s)	adoption:		, if other than the
date this document was signed.		FILE	.L.
05 Effective date <u>if applicable</u> :	/03/2016	SECRETARY DIVISION OF CO	OF STATE REGRATIONS
Enective date it applicable.	(no more than 90	days after amendment file date)	ar ouverion;
	1110 112 112 112 11	16 MAY 10	AM 10: 20
Note: If the date inserted in this document's effective date on the I		ble statutory filing requirements, this date wil	l not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
The amendment(s) was/were a by the shareholders was/were		number of votes east for the amendment(s)	
		igh voting groups. The following statement ote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were	sufficient for approval	
by		.,,	
<u> </u>	(voting group)	•	
action was not required.		without shareholder action and shareholder	
action was not required.			
05/03/20	16		
Dated		<del></del>	
Signature	time to office	er – if directors or officers have not been	<del></del>
` •		hands of a receiver, trustee, or other court	
	inted fiduciary by that fiduciary)	nunds of a receiver, trasco, of other court	
**			
	Lisbeth Basnuevo		
	(Typed or printed n	ame of person signing)	
	President		
	(Title o	f person signing)	