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Amend Maspilly

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Arch Creek	Senior Care Serv	rices Incorporated
DOCUMENT NUMBER: P1400003033		
The enclosed Articles of Amendment and fcc are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Cassandra Sturre	τb .	
	Name of Contact Person	1
FranFund		
	Firm/ Company	
1751 NE 143rd S	Street	
ξ' 1	Address	
Miami, FL 33181		
	City/ State and Zip Cod	•
nurse1200cc@aol.co		
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
Cassandra Sturrup	_ _{at (} 786_	, 797-7878
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	urtment of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division Clifton 2661 E	Address ment Section n of Corporations Building executive Center Circle usec, FL 32301

Articles of Amendment to Articles of Incorporation of

Arch Creek Senior Care Services Incorporated

(Name of Corporation as	currently filed with the	Florida Dept. of State)	
P14000030334			n
(Documer	nt Number of Corporation	(if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corparation adopts the following	ng amendment(s) to
A. If smending name, enter the new na	me of the corporation;	:	The new
name must be distinguishable and con "Carp." "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	ion," "company," or "incorporated" or the c "Co". A professional corporation name must "P.A."	abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1751 NE 143rd Street	_
		Miami, FL 33181	_
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			
		1751 NE 143rd Street	# 1
. *		Miami, FL 33181	14 MAY 12
D. If amending the registered agent an new registered agent and/or the new			12 PM
Name of New Registered Agent			
	1751 NE 143rd Street		2
New Registered Office Address:	Miami (Florida	street address), Florida 33181	_
	(Cit		
	ervd agent. I am familia	r with and accept the obligations of the position.	
Siz	gnature of New Registered	d Agent, if changing	

Page 1 of 4

; ; ; ;

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT	John De	<u>oe</u>		·		
X Remove .	<u>v</u>	Mike Jo	ones				
X Add	<u>sv</u>	Sally Si	mith		;		
Type of Action (Check One)	<u>Title</u>		Name			<u>Addres</u> s	
() Change				·- · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
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Remove							
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Add						-	
Remove							
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Add						*** ·	
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Remove					:		
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The date of each amendment(s) adopted this document was signed.	ption:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ich voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated 4/11/2014		
Signature (By a directed, by	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
С	assandra Sturrup	
_	(Typed or printed name of person signing)	
· Pi	resident	
, 9	(Title of person signing)	_