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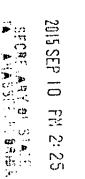
(Re	equestor's Name)	
(Ad	idress)	
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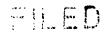
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TONI MARY HON	ME ALF CORP	
DOCUMENT NUM	IBER:		
	s of Amendment and fee are sul	bmitted for filing.	
Please return all corr	espondence concerning this mat	iter to the following:	
	RAQUEL VELASQUEZ		
		Name of Contact Person	
	***************************************	Firm/ Company	
	1672 SW ALVATON AVE		
	**	Address	
	PORT ST LUCIE, FL 34953		
		City/ State and Zip Code	
raqı	elitav56@hotmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
RAQUEL VELASO	UEZ	954 at (_) 391-2378
Name of Contact Person		Area Coc	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	rtment 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)
Ai Di P.	ailing Address mendment Section vision of Corporations O. Box 6327 illahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



2015 SEP 10 PM 2: 26

TONI MARY HOME ALF CORP

SECRE ANY BUSINESS ALE

	or Corporation as currently	thed with the Florida Dept. of State)	
P14000033691			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	ime of the corporation:	•	
		The new	
	ation "Corp," "Inc," or "C	," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1672 SW ALVATON AVE	
		PORT ST LUCIE, FL 34953	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1672 SW ALVATON AVE	
		PORT ST LUCIE, FL 34953	
D. 16	. Non analatawa di affica a dala	and in Florida antico the name of the	
D. If amending the registered agent ar new registered agent and/or the ne			
Name of New Registered Agent	RAQUEL VELASQUEZ		
<u></u>	1672 SW ALVATON AVI		
	(Florida stre	et address)	
New Registered Office Address:	PORT ST LUCIE	. Ftorida 34953	
right Hogister Office Haweis.		City) (Zip Code)	
New Registered Agent's Signature, if of		with and accept the obligations of the position.	
Thereby accept the appointment as regis	иеген адени. Тит јатина п	nn und uccept the congunous of the position.	
\mathcal{O}	1 1 -		
Lu11	ul cly(n)	paistered Agent if changing	
1 1	Signatura of Nam P	egistered 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	<u>PT</u>	John Doe	
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	P	RAQUEL VELASQUEZ	1672 SW ALVATON AVE
Add			PORT ST LUCIE, FL 34953
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	_		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
		
'. If an ai	nendment provides for an exchange, reclassification, or cancellation of issued shares,	
provis	ions for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)	
	<u> </u>	

The date of each amendment(s)	adoption:	it other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this observation of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	t(s)
	pproved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehol	der
■ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
09/04/20	15	
Dated	yel deco	
/By a	director, president or other officer – if directors or officers have not bee ied, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	RAQUEL VELASQUEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	