P14000071797

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE DIVISION OF CORFURATIONS

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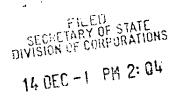
COVER LETTER

TO:	Amendment Section	
	Division of Corporation	S

NAME OF CORPORATION: LONG LIFE ADULT DAYCARE II, INC. DOCUMENT NUMBER: P14000071797						
	The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:						
	YAQUELYN GONZALEZ					
	Name of Contact Person LONG LIFE ADULT DAYCARE II, INC.					
	Firm/ Company 4750 WEST FLAGLER STREET					
		Address	 _			
	MIAMI, FL 331	34				
		City/ State and Zip Code	•			
lon	glifeadc2@yah	oo.com				
	E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:						
YAQUELYN GONZALEZ, 786, 488-3503						
Name	of Contact Person	Area Coo	de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department 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)			
Mailing Address		Street	Address			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



LONG LIFE ADULT DAYCARE II, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

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nent(s) to

(Document Number of Corp	poration (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following ame
A. <u>If amending name, enter the new name of the corpor</u>	ration:
ame must be distinguishable and contain the word "c Corp.," "Inc.," or Co.," or the designation "Corp," "I ord "chartered," "professional association," or the abbr	perporation," "company," or "incorporated" or the abbrevious," or "Co". A professional corporation name must containeriation "P.A."
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRES	N/A <u>SS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
). <u>If amending the registered agent and/or registered o</u>	
new registered agent and/or the new registered offic	
Name of New Registered Agent	T FLAGLER STREET
	(Florida street address)
New Registered Office Address: MIAMI	, Florida 33134 (City) (Zip Code)
New Registered (Iffice Address:	, 1101144

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 J	Mike Jones				
X Add	<u>sv</u>	Sally S	<u>Sally Smith</u>				
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s			
1) Change	Р		MARJORIE RODRIGUEZ	4750 WEST FLAGLER ST			
Add				MIAMI, FL 33134			
Remove							
2) Change	Р		JUNIOR GONZALEZ	4750 WEST FLAGLER ST			
✓ Add				MIAMI, FL 33134			
Remove							
3) Change	SV	_	YAQUELYN GONZALEZ	4750 WEST FLAGLER ST			
Add				MIAMI, FL 33134			
4) Change		<u> </u>					
Add							
Remove							
5) Change							
Add							
Remove							
6) Change							
Add	-	_					
Remove							

A	additional sheets, if necessary). (Be specific)

	nendment provides for an exchange, reclassification, or cancellation of issued shares,
<u>lf an ar</u>	ons for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)
provis	not annicable indicate N/A\
provis (if	not approache, material 1971)
provis (if	noi applicable, maicale 1971)
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	NOVEMBER 18, 2014	FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS	
The date of each amendmen date this document was signed		DIVISION OF CORPORATIONS 14 DEC -1 PM 2: 04	_, if other than the
Effective date if applicable:	NOVEMBER 18,2014	14 023	_
	(no more than 90 days after a	mendment file date)	
Adoption of Amendment(s)	(CHECK ONE)		
	ere adopted by the shareholders. The number of veree sufficient for approval.	otes cast for the amendment(s)	
	re approved by the shareholders through voting g ed for each voting group entitled to vote separate		
"The number of vote	s cast for the amendment(s) was/were sufficient for	or approval	
by	(voting group)	.,,	
	(voting group)		
The amendment(s) was/we action was not required.	re adopted by the board of directors without share	cholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without sharehold	ler action and shareholder	
Dated_NO' Signature	VEMBER 18, 2014		
(I s	By a director, president of other officer – if director elected, by an incorporator – if in the hands of a repointed fiduciary by that fiduciary)		-
	JUNIOR GONZALEZ		_
	(Typed or printed name of	of person signing)	
	PRESIDENT		_
	(Title of person	signing)	