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<u>COVER LE</u>	TTER			
TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: Confrehensive Han	re Care Solutions, Inc.			
DOCUMENT NUMBER: <u>\$14000088011</u>				
The enclosed Articles of Amendment and fee are submitted for filing.	'			
Please return all correspondence concerning this matter to the following	g:			
Alberto Siriecto Name of Conta Cangreliensive Home Core : Firm/Com				
Palm Beach Lakes, FL City/ State and	: Blvo (Su. Le 315)			
Value Beach Lakes, FL 33.407				
E-mail address: (to be used for future armual report notification) For further information concerning this matter, please call:				
Alberto Sifredo at (S	Area Code & Daytime Telephone Number ida Department of State:			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Flor	ida Department of State:			
S \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Certificate of Status Certified Copy (Additional copenciosed)	Certificate of Status			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation

1	
polutions, Ina	
tly filed with the Florida Dept. of State	<u>ē</u>)
of Corporation (if known)	
Florida Profit Corporation adopts the	following amendment(s)
	The new
"Co". A professional corporation nan	or the abbreviation
NIA	
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NIA	
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Florida	َ الْحَدِّ
(City)	(Zip Code)
	position.
	position.
	tly filed with the Florida Dept, of State of Corporation (if known) s Florida Profit Corporation adopts the "Co". A professional corporation nan "P.A." A dress in Florida, enter the name of the ss: N A

Executive Officer; CFO = held. President, Treasurer Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove,	if necess vector titl President = Chief l r, Directo in the fo ves the c	sary) le by the firs t: T= Treass Financial O or would be llowing mar orporation,	st letter of the office title: urer; S= Secretary; D= Director lfficer. If an officer/director hole PTD. nner. Currently John Doe is liste Sally Smith is named the V and	ls more tha ed as the PS	stee; C = Chairman or Clerk; CEO = Chief on one title, list the first letter of each office T and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change,	
Example: - <u>X-</u> Change	PT	John Doe				
X Remove	<u>v</u>	Mike Jone	<u>.</u> es			
X Add	<u>sv</u>	Salty Smit	<u>th</u>			
Type of Action (Check One)	<u>Title</u>	<u> 7</u>	<u>Name</u>		Address	
1) Change	<u>VP</u>	۔ د	Jose L. Barbar	<u>a 1</u>	13385 8644 Rd. N. Wast Palm Beach, FL 33	
X Add			1	-	Wast Palm Boach, FL 33	1112
Remove				-		
2) Change						
Add				_		
Remove				-		
3) Change						
Add				-		
Kemove						
4) Change						
Add				-		
Remove						
5) Change						
Add			1	-		
Remove						
6) Change			;			
Add				÷		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

____ Remove

If amending or adding additional Articles, enter change(s) he (Attach additional sheets, if necessary). (Be specific)	
NK	
	1
	1
If an amendment provides for an exchange, reclassification, provisions for implementing the amendment if not containe	or cancellation of issued shares, ad in the amendment itself:
(if not applicable, indicate N/A))
Alberto Sifuela (50 % Sher.	<u>s</u>
Dose L. Barbara (50 % Shar	
	•

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more th	an 90 days after amendment file date)
Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's record	pplicable statutory filing requirements, this date will not be listed as the s.
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitle	
"The number of votes cast for the amendment(s) was	/were sufficient for approval
by(voting group)	
☐ The amendment(s) was/were adopted by the board of direct action was not required.	
The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder
Dated MIMIM	
Signature	7
	officer – if directors or officers have not been in the hands of a receiver, trustee, or other court iary)
Alberto Sif	
(Typed or prit	ated name of person signing)
President	
(1	itle of person signing)