P15000009163

(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Lucienne Home Ca	ire, Inc			
DOCUMENT NUM	P15000009163				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	itter to the following:			
	Amos Bien Aime				
		Name of Contact Per	son		
		Firm/ Company			
	4882 SW 159th Ave				
		Address			
	Miramar, FL 33027				
		City/ State and Zip C	ode		
	Amos.Bien-Aime@Lchealthe	enter,com			
	E-mail address: (to be us	sed for future annual repo	ort notification)		
For further informati	on concerning this matter, plea	se call:			
Amos Bien Aime		at (389-2969		
Name	of Contact Person	Area (Code & Daytime Telephone Number		
Enclosed is a check (or the following amount made	payable to the Florida De	epartment of State:		
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 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		Ame Divi The 241:	et Address endment Section sion of Corporations Centre of Tallahassee 5 N, Monroe Street, Suite 810 ahassee, FL 32303	7	

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Articles of Amendment Articles of Incorporation of

Lucienne Home Care, Inc				
(Name of Cort	poration as currently	filed with the Florida Dep	t. of State)	
P15000009163				
1)	Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, I its Articles of Incorporation:	Florida Statutes, this F	lorida Profit Corporation a	dopts the following amen	dment(s) to
A. If amending name, enter the new name of	the corporation:			
N/A			The	\$1.41¢'
name must be distinguishable and contain the wo "Inc.," or Co.," or the designation "Corp." "chartered," "professional association," or the	"Inc," or "Co". A	ompany," or "incorporated" professional corporation n	or the abbreviation "Cor	γp"
B. Enter new principal office address, if appl	licable:	N/A		
(Principal office address MUST BE A STREET				-
		-		_
C. Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFIC	<u>LE BUX)</u>			
				_
D. If amending the registered agent and/or renew registered agent and/or the new registered agent and/or renew registered agent and/or the new registered agent		ess in Florida, enter the na	me of the	_
	(Florida stree	·t address)		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	, Florida	
	(6	Ciny)	(Zip Coder	
New Registered Agent's Signature, if changin I hereby accept the appointment as registered as	ng Registered Agent: gent. I am familiar wi	ith and accept the obligation	s of the position.	2024 OCT
	Signature of New Reg	gistered Agent, if changing	- 	
Check if applicable The amendment(s) is/are being filed pursuant	t to s. 607.0120 (11) (c	r), F.S.	SEE, FL	PH 2: 47

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
I) Change	P	Amos Bien Aime	4882 SW 159th Ave
Add			Miramar, FL 33027
X Remove			
2) Change	P	A & M Revocable Family Trust	4882 SW 159th Ave
X Add			Miramar, Fl. 33027
Remove Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			A S

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself. (if not applicable, indicate N/A)		nal sheets, if necessary).	(ne specijie)				
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	N/A	(C. ale explanation also
The date of each amendment(s) add date this document was signed.	option:	, if other than the
N/A		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder actio	on and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s Ticient for approval.	()
	roved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	ગા
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by <u>N/A</u>	•	
0,	(voting group)	
05/30/2024 Dated		
e:		
selected	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	
	Amos Bien Aime	
•	(Typed or printed name of person signing)	
	President	
•	(Title of person signing)	

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CECLI DARY OF STATE
TALLAHASSEE, FL