P15000048491

equestor's Name)					
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☐ WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
_ Certificates	of Status				
Filing Officer:					
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: LOTAL COMPA	NION FACILITY MANAC	JEMENT INC				
DOCUMENT NUMB	BER: P15000048491		· · · · · · · · · · · · · · · · · · ·				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.					
Please return all corres	pondence concerning this ma	tter to the following:					
	MARIA E RUIZ						
-		Name of Contact Person	n				
L & M ACCOUNTING SERVICES INC							
-	Firm/ Company						
	7750 SW 117TH AVE SUITE 201D						
-	Address						
	MIAMI FLORIDA 33183						
-		City/ State and Zip Cod	e				
MAR	IAQUIROS9@HOTMAIL.C	COM					
	E-mail address: (to be u	sed for future annual report	notification)				
For further information	concerning this matter, pleas	se call:					
MARIA E RUIZ		at (595-2407				
Name o	of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations a Building Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LOYAL COMPANION FACILITY MANAGEMENT INC

(Name o	of Corporation as current	ly filed with the Florida Dept. of State)	Politica Security Security	1	
P15000048491			100	ببر	
	(Document Number of	of Corporation (if known)	V 1575		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the follo	owing ame	ndmen	ıt(s) to
A. If amending name, enter the new na	ime of the corporation:				
name must be distinguishable and con	tain the word "corporation	on," "company," or "incorporated" or th		new	
	ation "Corp," "Inc," or	"Co". A professional corporation name m			
B. Enter new principal office address,	if applicable:	18503 SW 131 AVE			
	(Principal office address MUST BE A STREET ADDRESS)				
C D				<u>. </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7750 SW 117TH AVE SUITE 201D			
		MIAMI FLORIDA 33183			
					
D. 16					
D. If amending the registered agent an new registered agent and/or the new					
Name of New Registered Agent	JOSE H. PARADA				
	18503 SW 131 AVE				
	(Florida st	reet address)			
New Registered Office Address:	MIAMI	, Florida	77		
		(City)	(Zip Code)		
New Registered Agent's Signature, if c	hanging Registered Agent	<u>t:</u>			
I hereby accept the appointment as regist	ered agent. I am familiar	with and accept the obligations of the positi	ion.		
	1	_			
(" 91-	V	ン			,

Signature of New Registered 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.

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) Change	P	RICHARD GUERTIN	13502 SW 21 STREET
Add			MIRAMAR, FLORIDA 33027
X Remove			
2) Change	P	JOSE H. PARADA	18503 SW 131 AVE
XAdd			MIAMI FLORIDA 33177
Remove			
3) Change	<u>w.</u>		
Add			
Remove			.
4) Change			_
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

		,		 	
			-	 	
an amendment provides for an exchang provisions for implementing the amendm (if not applicable, indicate N/A)					
	_ .		 	 	

, 11/18/2015	
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 12/15 / 18	
Effective date if applicable: 12/15 / 15 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 11/18/17 Signature Richard Level	·
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
RICHARD GUERTIN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	