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15 00T 29 MHH: 43

OCT 30 2015

## **COVER LETTER**

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: MARCIA'S HEALTH CARE REGISTRY  DOCUMENT NUMBER: P1500072280				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
MARCIA GORDON				
Name of Contact Person				
MARCIA'S HEALTH CARE REGISTRY				
7481 W. OAKLAND PARK BLVD #302D				
TAMARAC FL 33319				
City/ State and Zip Code				
the side of the second second				
Marciahealth care a pmail. Com  E-mail address: (to be used for future annual report notification)				
E-man address. (to be used for future annual report normeation)				
For further information concerning this matter, please call:				
MARCIA GORDON at 954 816-2170  Name of Contact Person Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
□ \$35 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  (Additional Copy is enclosed)				
Mailing Address Street Address				

Amendment Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Amendment Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## **Articles of Amendment**

Articles of Incorporation

FILED 15 OCT 28 AHH: 43

MARCIA'S HEALTH CARE

P15000072280

(Document Number of Corporation (if known)

	corporated" or the abbreviation rporation name must contain the
7481 W Suite 30	OAKLAND PARK BL 2D FL 33319
TAMARAC	FL 33319
	e name of the
eet address)	
	, Florida(Zip Code)
(City)	(Zip Code)
	Suife 302 TAMARAC  Tess in Florida, enter the  eet address)

## 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> <u>Joh</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) V Change	<u>PS</u>	MARCIA E GORDON	7481 W OAKLAND PARK BLUD
Add			Suite 302D
Remove			TAMARAC FL 33319
2) Change	D	JENNIFER BROWN	7481 W OAKLAND PARK BLVD Suite 302H
Add Remove	_	7 110	LAUDERHILL FL 33319
3) Change	<u>D</u>	JELLINO MCSWEEN	7481 W DAKLAND PARK BLUD
Add Remove			Suite 302 H LAUDERHILL FL 33319
4) Change	<u>vP</u>	OLIVE FISHER	7481 W OAKLAND PARK BUD
Add			Suite 302D
Remove			TAMARAC FC 33319
5) Change	<u>RR</u>	BEATRICE C LOUISSANT	7481 W OAKLAND PARK BLUD
Add			Suite 302H
Remove			LAUDERHILL FL 33319
6) Change	I	RICHARD BURTON	7481 W DAKLAND PARK BLUD
Add			Suite 302D
Remove			TAMARAC FL 33319

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f an amendment proprovisions for imple	ementing the am	hange, reclassi	ification, or co	ancellation of i	ssued shares, t itself:	
(if not applicable	e, indicate N/A)					
<del></del>						·
		····				

The date of each amendment(s) adoption: 10/26/2015	, if 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 block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ements, this date will 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 by the shareholders was/were sufficient for approval.	e amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The folion must be separately provided for each voting group entitled to vote separately on the amen	lowing statement dment(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 a action was not required.	and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and s action was not required.	shareholder
Dated 10/26/2015	
Signature Marchan Shorler	
(By a director, president or other officer – if directors or officers h	have not been
selected, by an incorporator - if in the hands of a receiver, trustee	e, or other court
appointed fiduciary by that fiduciary)	
MARCIA E GORDON	
(Typed or printed name of person signing)	
PRESIDENT SECRETARY  (Title of person signing)	
(Title of person signing)	