

PL000056918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN

APR 19 2018

COVER LETTER

**TO: Amendment Section
Division of Corporations**

CARING FOR YOUR HOUSEKEEPING, INC.

NAME OF CORPORATION: _____

P16000056918

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all

(Name of Contact Person)

South Beach Tax & Financial Services

(Firm/ Company)

1692 Penman Road

(Address)

Jacksonville Beach, FL 32250

(City/ State and Zip Code)

traceyfribourg@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barb McBride 904 241-2533
at _____
(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 \$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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2018

BARB MCBRIDE
1692 PENMAN ROAD
JACKSONVILLE BEACH, FL 32250

SUBJECT: GARCIA 3 CONSTRUCTION INC — *Caring For You Housekeeping*
Ref. Number: P16000056948 — P16000056918

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 818A00007208

850-245-6897

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

FAX COVERSHEET

To: Claretha Golden-Division of Corporations
Fax: 850-245-6897

From: Barb McBride – South Beach Tax & Financial Services 

Subject: Articles of Amendment Correction
Caring For You Housekeeping, Inc.
(Document #P16000056918)

Date: April 18, 2018

Pages: 6 (including cover sheet)

Attached you will find the correct For Profit Articles of Amendment, for Caring For You Housekeeping.

The filing fee has already been submitted and therefore, all should be ready to go now.

If you have any questions, please contact me at 904-241-2533.

Thank you for your assistance.

Articles of Amendment
to
Articles of Incorporation
of

FILED

2018 APR 18 PM 12:58

CARING FOR YOU HOUSEKEEPING, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P16000056918

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

351 CROSSING BLVD., #912

ORANGE PARK, FL 32073

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

TRACY C. FRIBOURG

Name of New Registered Agent

351 CROSSING BLVD., #912

(Florida street address)

ORNAGE PARK

32073

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Tracy C. Fribourg
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 PTD 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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	P.T.	WALTER J. FRIBOURG	14470 CHERRY LAKE DR. W. JACKSONVILLE, FL 32258
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	D	WALTER J. FRIBOURG, JR.	14470 CHERRY LAKE DR. W. JACKSONVILLE, FL 32258
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	P.S.T.D	TRACEY C. FRIBOURG	351 CROSSING BLVD., #912 ORANGE PARK, FL 32073
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

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

NIA

F. 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)

N/A

January 1, 2018

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

January 1, 2018

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 requirements, this date will not be listed as the document's effective date on the Department of State's records.

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)

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.

04/1/2018

Dated _____

Signature

Tracy C. Fribourg

(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)

TRACY C. FRIBOURG

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)