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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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And

2018 OCT 23 AM IO: 30 SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

TO: Amendment Secti Division of Corpo				
NAME OF CORPOR		ei Care C	orporation	
DOCUMENT NUMB	ER: P16000	60176		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Digna	Gonzale; Name of Contact Person	<u>z</u>	
	Adonei 1	Name of Contact Person Care Corpo Firm/ Company	rotion	
	1750 We	5+ 46 th 5	street, Apt 505	
_	Hialea	Address FL 33 City/ State and Zip Code	012	
		City/ State and Zip Code City/ State and Zip Code Code of State and Zip Code Code o		
For further information	concerning this matter, pleas	se call:		
Digna (TONZALEZ f Contact Person	a _t 786	468-5722	
Name o	f Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:	
\$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Street Address		
	ndment Section		ment Section	
	ion of Corporations Box 6327		n of Corporations Building	
	hassee, FL 32314		xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

FILED

(Name of Corporation as currently filed with the Florida Digit of State) F S TATE
TALLAHASSEE, FL

(Document Number of Corporation (if known)

nt(s) to

A. If amending name, enter the new name of the co	orporation:		
		Th	e ne
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the c	." "Inc." or "Co". A profess		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			
•			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>		
D. If amending the registered agent and/or register		enter the name of the	
new registered agent and/or the new registered of	office address:	•	
Name of New Registered Agent			
	(Florida street address)		
	re tortaa street adaress)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code	9
New Registered Agent's Signature, if changing Regi	istered Agent:		
hereby accept the appointment as registered agent.		he obligations of the position.	

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 Doc	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	\underline{V}	Yahayra Lescaille (100zalez
🔀 Add		• 0	1750 West 46 Bt, APT SOS Hialeoh, FL 330 R
Remove			Hialesh, FL 330 R
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			4
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Times, additional success, y necessary).	cles, enter change((Be specific)			
			-	
	-			
	•			
				
				
		•••		
				
	ange reclassificati	<u>on, or cancellatior</u>	of issued shares,	
f an amendment provides for an exch provisions for implementing the ame	ndment if not conta	<u>uined in the ameno</u>	ment useu:	
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f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not conta	ained in the amend	ment user:	

The date of each amendment(s) add	untion: Ustobe	r 10, 2018	, if other than the
date this document was signed.	- ·	1	, outer man une
Effective date <u>if applicable</u> :	Octobe	r 10, 2018 20 10, 2018 days after amendment file date)	
	(no more inan 30	ranys agier amenament file uater	
Note: If the date inserted in this blo document's effective date on the Dep	- ·	able statutory filing requirements	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were adop by the shareholders was/were suff		number of votes cast for the ame-	ndment(s)
☐ The amendment(s) was/were appr must be separately provided for e			
"The number of votes cast for	or the amendment(s) was/were	sufficient for approval	
by	(voting group)		
,	(voting group)		
The amendment(s) was/were adopt action was not required. The amendment(s) was/were adopt action was not required.	,		
, , , , , ,	Lober 10, 201	17	
Signature	Ale .		
(By a dir selected		er – if directors or officers have n hands of a receiver, trustee, or of	
_	Dign	na Gonzalez name of person signing)	
	(Typed or printed na	name of person signing)	
_	Presio	dent	
	(Title of	f person signing)	