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## **COVER LETTER**

Division of Corporations Pourciona Personal Care 2 Companio 1 Senices Gap DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Hector L. Rooriguez

Name of Contact Person

Dolneigna Personal Care I Componion Services

Firm/Company · 111 & Movement Ruz Bldg D Suite 307 Kissimmer 21 34741
City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Heckfor Propagater

at ( 407 ) 350-4138

Nome of Contact Person

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**Mailing Address** 

TO: Amendment Section

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

Certified Copy

is enclosed)

(Additional Copy

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## Articles of Amendment

to

## ${\bf Articles} \ of \ {\bf Incorporation}$

of

Koincerna Kursunal Care I lompa	mion Services Corp
(Name of Corporation as current	ly filed with the Florida Dept. of State)
716000064°	183
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	•
	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	105 E Monomerit
	Kiesimmee FL 34741
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address  Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	, Florida
	(City) (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.
Signature of New I	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 = Chairmon 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> <u>John</u>	Doc	
X Remove	<u>V</u> <u>Mike</u>	e ,tones	
X Add	<u>SV</u> <u>Sally</u>	· Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP_	Vancous Roman	3355 Ballard Core 140
Add			Kiss FL 24758
X Remove			
2) Change	Q	Hector L. Pooragies	335 Balled Core 20
Add X	<del></del>	,	Kiss RL 34758
Remove			
3 ) Change		·	<u> </u>
Add			
Remove			
4)Change			
Add			
Remove			<del> </del>
.5) Change			
Add			
Remove			<del></del>
6) Change			
Add			<del></del>
Remove			

	(Be specific)
	•
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· · · · · · · · · · · · · · · · · · ·	
an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption	: <u>07-1-3018</u>	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date	<b>)</b>
Note: If the date inserted in this block didocument's effective date on the Departme	ies not meet the applicable statutory filing requirement of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	o the shareholders. The number of votes east for the ame for approval.	:ndment(s)
	by the shareholders through voting groups. The followin offing group entitled to vote separately on the amendment	
	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and s	hareholder
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and sharel	nolder
Dated7>3	3-15	
(By a director, selected, by a	president or other officer – if directors or officers have a incorporator – if in the hands of a receiver, trustee, or ociary by that fiduciary)	
	Hector Poorsyver	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	