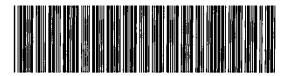
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(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	·
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OVISION OF CORPORATION

amend

COVER LETTER

TO: Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations	
NAME OF CORPORATION: A PROCEDED TO SUBJECT NUMBER: P160000803	
The enclosed Articles of Amendment and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	following:
NANCE PARCE SAME APPORTABLE SAME FINANCIAL SAME ONKINNO PARCE City/S Corne DOAFForduble E-mail address: (to be used for fut	of Contact Person or Care Inc. rm/ Company Address FL 33334 State and Zip Code Sensor(are net ure annual report notification)
For further information concerning this matter, please call:	
CAINEW GAICIM Name of Contact Person	at (954) 990 - 803 / Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to	the Florida Department of State:
Certificate of Status Certi (Addi	75 Filing Fee & \$\sum_{\text{\$\subset}}\$\$ \$2.50 Filing Fee fied Copy Certificate of Status tional copy is Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32301

Clifton Building 2661 Executive Center Circle

Articles of Amendment

Articles of Incorporation

•		of		
Affordable	Sinor	Care	Inc	
(Name of C	Corporation as cur	rently filed witl	h the Florida	Dept. of State)
$\overline{\rho}$	160000	80322		

(Document Number o	f 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:	
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	'Co". A professional corporation name must contain the 'P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SUITE 100 DAKLAND PAIK FL 33334
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1699 E ON KLAND PAIK Blud Suite 100 DAKLAND PAIK, FL
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
Name of New Registered Agent Name of New Registered Agent 1699 16	\overline{z}
New Registered Office Address: DAK/ANO	Peel address) AIK, FL, Florida 3334 (City) (Zip Code: AA
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar t	

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 <math>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	PT John Doe	2	
X Remove	V Mike Jor	<u>nes</u>	
X Add	SV Sally Sm	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Pies	MAIC Bloom	1699 EONKLINE POIK BUG
Add			# 100
Remove			Oakland Pa(KFL 33334
2) Change	<u>Sec</u>	Marc Blood	1699 E. Oakhud Park
Add			<u> </u>
Remove			Oakland Palk IFL 33334
3) Change	Tres	Marc Bloom	1199 E. Oakkind filkshid
Add			#100
Remove			Oakkind aIKFL33334
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
·	· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

The date of each amendment(s) adoption:	_, 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 requirements, this date will a document's effective date on the Department of State's records.	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	
Signature	-
(Typed or printed name of person signing)	
PRES.	

(Title of person signing)