P16 CCCC 53641

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J DENNIS
JUL 23 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON: CABALLERO NP	CORP.	
	P16000083641		
The enclosed Articles of Am	endment and fee are sul	bmitted for filing.	
Please return all corresponde	ence concerning this mat	tter to the following:	
LOU	DERS CABALLERO		
		Name of Contact Person	<u> </u>
CAB	ALLERO NP CORP.		
		Firm/ Company	·- <u>-</u> ,
9109	SW 151TH CT		
		Address	
MIA	MI, FLORIDA 33196		
		City/ State and Zip Code	
angel	hernandez56@hotmail.c	com	
	3-mail address: (to be us	sed for future annual report	notification)
For further information cond	eerning this matter, pleas	se call: , 786	. 468-5386
Name of Contact Person		at (de & Daytime Telephone Number
Name of Cor	nact reison	Alea Col	de & Dayanne Telephone Number
Enclosed is a check for the f	following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee [\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fiting Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Division o P.O. Box	ent Section of Corporations	Amend Divisio The Co 2415 N	Address Iment Section In of Corporations In of Tallahassee J. Monroe Street, Suite 810 Insee, FL 32303

Articles of Amendment to Articles of Incorporation of

CABALLERO NP CORP. (Name of Corporation as currently filed with the Florida Dept. of State) P16000083641 (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: SUNSHINE MENTAL HEALTH SERVICES CORP. 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) 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (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 Registered Agent, if changing

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>b.t.</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change (Be specific)				
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f an amendment provides for an exc	hange, reclassifica	tion, or cancell	ation of issued s	hares,	
provisions for implementing the am (if not applicable, indicate N/A)	enament it not coi	itained in the ai	menament itsen	<u>u</u>	
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	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the Do	lock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the amend fficient for approval.	lment(s)
☐ The amendment(s) was/were app must he separately provided for	proved by the snareholders through voting groups. The following each voting group entitled to vote separately on the amendment(s	statement):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
06/14/2021 Dated		
selecte	irector, president or other officer – if directors or officers have not d, by an incorporator of in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	
	LOURDES CABALLERO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	