# PIDODITI

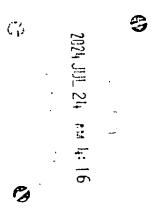
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(Document Number)
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	DRATION: CONSOLIDATED	HEALTHCARE INCORP	ORATED	
DOCUMENT NUM	P17000047177			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	IVETTE O CHINIGO			
		Name of Contact Person		
	CARE-TECH			
		Firm/ Company	· <del></del>	
	7500 NW 25TH ST, STE 208			
	Address			
	MIAMI, FL 33122			
	City/ State and Zip Code			
	HR@CARETECHHHS.COM	М		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
IVETTE O CHINIC	60	at (	) 215-1101	
Name of Contact Person			le & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	rtment of State:	
S35 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

### Articles of Amendment to Articles of Incorporation of

### CONSOLIDATED HEALTHCARE INCORPORATED

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

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P17000047177	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation CONSOLIDATED HEALTHCARE, INC.	:The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co" "chartered," "professional association," or the abbreviation "P.	" "company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	23.4 4
	22
<ul> <li>If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr</li> </ul>	
Name of New Registered Agent	<u> </u>
	a street address)
·	,
New Registered Office Address:	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am famili	
Signature of Ne	w Registered Agent, if changing
Check if applicable	

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>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo		
X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
<b>A</b> dd				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<del></del>	
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and and an analysis of the amendment itself:
(if not applicable, indicate N/A)	nument if not contained in the amendment usen.
<del></del> .	

The date of each amendment(s date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after umendment file date	)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirement. Department of State's records.	its, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the an sufficient for approval.	nendment(s)
	approved by the shareholders through voting groups. The followifor each voting group entitled to vote separately on the amendme.	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
DatedSignature	7/18/24 Can	
selec	director, president or other officer—if directors or officers have eted, by an incorporator—if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary)	not been other court
	IVETTE O CHINIGO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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Division of Corporations

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