P17000077175

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2021 NOV 18 AM II: 49

SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LAKAY HOME CARE, INC					
DOCUMENT NUMBER: P1700077175					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
ISRAEL GUIRAND					
Name of Contact Person					
LAKAY HOME CARE, INC					
Firm/ Company					
1355 NE 153 ST					
NORTH MI AMI BEACH, F/ 33/62 City/ State and Zip Code					
City/ State and Zip Code					
ISRAE GUIRAND 509 O GMAIL. COM E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
ISRAE/ GUIRARD at 786, 222-7401					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)					
Mailing Address Street Address					

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

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

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of

LAKAV HOME CH	PRE,	INC	2021 NOV 18	AH 11: 49
(Name of Corporation as current	v filed with	the Florida Dent. of S	tateFORE TARY	OF STATE
170000	771	75	TALLAHASSE	ÉŰFĚĠĿĸ
(Document Number of	Corporatio	n (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Proj	fit Corporation adopts t	the following ame	endment(s) to
A. If amending name, enter the new name of the corporation:	- ' 0			
GQL TECH SE	RVI C	ES, 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.A."	A profession			
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 add new registered agent and/or the new registered office address		da, enter the name of	the	
Name of New Registered Agent				
(Florida str	reet address)			
New Registered Office Address:		, Flori	ida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		ept the obligations of th	e position.	
Signature of New R	egistered Ag	ent, 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)

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>PT</u>	John Doc		
X Remove	<u>v</u>	Mike Jone	<u>s</u>	
X Add	<u>sv</u>	Sally Smit	<u>h</u>	
Type of Action (Check One)	<u>Title</u>	N	lame	<u>Addres</u> s
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Add				
Remove				
2) Change		- -		
Add				
Remove 3) Change				
Add				
Remove				
4) Change			· · · · · · · · · · · · · · · · · · ·	
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5) Change		-		
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6) Change				
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tach additional sheets, if necessary).	(Be specific)		
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The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock 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)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	sted by the incorporators, or board of directors without sharehold	ler action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amen- ficient for approval.	dment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment(s	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated // //C	5/2021	
selected,	ector, president or other officer — it birectors or officers have not by an incorporator — if in the hands of a receiver, trustee, or oth d fiduciary by that fiduciary)	
-	TSRAE/ GUIRAND (Typed or printed name of person signing)	
_	PRESIDENT	
	(Title of person signing)	