Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180001776953)))



H180001776953ABCB

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please.

Email Address:_____

COR AMND/RESTATE/CORRECT OR O/D RESIGN MIAMI GARDENS ADULT DAY CARE CENTER INC

RECEIVED

18 JUN 13 PM 4: 11

SECRETARY OF STATE
ALLAHASSIE, FISH

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

JUN 1 4 2018

I ALBRITTON

Electronic Filing Menu

Corporate Filing Menu

Help

4

Articles of Amendment

	10		
Art	ticles of Incorporation of		
MIAMI GARDENS A	DULT DAY CARE CENTER	INC	
(Name of Corporation	as currently filed with the Flo	orida Dent. of State)	
	0000\$0639	,	
(Document	Number of Corporation (if kn	own)	
Pursuant to the provisions of section 607,1006, Florida Statists Articles of Incorporation:	atutes, this Florida Profit Corp	poration adopts the followin	g amendmeni(s) 10
A. If amending name, enter the new name of the corpo	eration:		
MIAMI GARDEN	S COMMUNITY CENTER I	NC	
name must be distinguishable and contain the word "Curp" "Inc" or Ca.," or the designation "Corp." word "chartered," "professional association," or the abb	Inc. ' or "Ca - A moneyeine	r "incomposited" on the c	The new phreviation contain the
B. Enter new principal affice address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>ss</u>).		
C. Enter new mailing address, if applicable: (Mailing address MA) BE A POST OFFICE BOX)		TALE AHASS	2010 JUN 11
D. If amending the registered agent and/or registered of new registered agent and/or the new registered offic Name of New Registered Agent	office address in Florida, ente e address:	r the name of the	1 C C
Note that the state of the stat			5
	Tlorida street addressi		
	The line of the milities (30)		
New Registered Office Address:	(City)	Florida /Zip C	
		744.1	(A)s *
New Registered Agent's Signature, if changing Register I hereby occupi the appointment as registered agent. I am	ed Agent: familiar with and accept the o	bligations of the position.	
Signamre	of New Registered Agent, if co	hanging	,

samending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a	nd
ddress of each Officer and/or Director being added:	1.2.2.2

(Attach additional sheets, if necessary)

Please note the officeridirector 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

The control of the first later of each office. Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one tisle, 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 Jonas leaves the corporation, Sally Smith is named the V and S. These should be noted as John Dae, PT as a Change, Mike Jones, V as Remove, and Solly Smith, SV as an Add.

Example: X Change	PT	John D	⋋ €	
X Remove	¥	Mike I	enes Enes	
_X Add	<u>\$Y</u>	Selly S	mith	
Type of Action (Check One)	Title		Name	Address
1)Change				
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4)Change				
Add		_	·····	
Remove				
				
5) Change				
Add				
Remove				
6) Change		 -		
Add				
Remove	•			

E. If navending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
F. If an amondment provides for an excha- provisions for implementing the amon (if not applicable, indicate N/A)	inge, reclassification, or cancellation of issued shares, direct fixed contained in the agrendment itself:
·	

. . .

	06/05/2918	
The date of each amendment(s) as	loption:	if other than the
date this document was signed.		Chier diet. Ide
_	06/05/2018	
Effective date if applicable:	000052974	
	(no more than 90 days after amendment file date))
	, · · · · · · · · · · · · · · · · · · ·	
Note: If the date insurted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The mamber of votes cast for the anje fficient for approval.	त्र कारा (s)
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The followin each voting group emitted to vote separately on the amendmen	g statement si(s):
	for the amendment(s) was/were sufficient for approval	
bv	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and sl	harsholder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareh	polder
06/05/20 Dated	Jone Henry H.	<i>∂</i> .
	irector, president or other officer - if directors or officers have	not have
	d, by an incorporator — if in the hands of a receiver, trustee, or o	
	ted fiduciary by that fiduciary)	
	BLEMUR PIERRE R	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	