## P18000054731

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATEMS

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR		FAMILY SERVICES, INC	
DOCUMENT NUMB	P18000054731 ER:		
The enclosed Articles of	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	Tamara Saint Gilles		
-	Soft Centers Family Services	Name of Contact Persons	n
-		Firm/ Company	
	420 NE 132nd Terr		
-	North Miami, FL 33161	Address	
-		City/ State and Zip Cod	<del></del>
info.sc	oftcenters@gmail.com		
	-	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	7102390
	7.25 A	at (	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 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)
Amer Divis P.O.	ing Address adment Section sion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle USSEE, FL 32301

Second of Value All

## Articles of Amendment to Articles of Incorporation of

SOFT CENTERS FAMILY SERVICES INC.

( <u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)	
P18000054731			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following ame	endment(
A. If amending name, enter the new na	ame of the corporation:	The	
	ation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbrev "Co". A professional corporation name must conta	iation
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)		420 NE 132nd Terr North Miami, FL 33161	<del></del>
		N/A	18 24 -2
D. If amending the registered agent an new registered agent and/or the new			_ FRIO: 15
Name of New Registered Agent	Tamara Saint Gilles		
- time ty - test - see - see	420 NE 132nd Terr Nort	h Miami, FL 33161	
	(Florida s	treet address)	
New Registered Office Address:	N/A	. Florida	
HER TO KINETY DESCRIPTION		(City) (Zip Code)	

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

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>PT</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	Р	Yves L Saint Gilles	420 NE 132nd Terr
Add X Remove			North Miami, FL 33161
2) Change	TR	Ginette Dulcio	15321 NE 11th Ct
Add X			Miami, FL 33162
Remove X 3 1 Change	PD	Tamara Saint Gilles	420 NE 132nd Terr
Add Remove			North Miami, FL 33161
N/A 4) Change		_	
Add			
5) N/A Change			
Add			
6) N/A Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
N/A
L' If no amondonat amondon for an archange malayification an archael afficiation and archael afficial afficial
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
N/A
· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
	8/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this datepartment of State's records.	ae will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	)
	proved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):	nı
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	<u></u>	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholde	τ
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	0/28/18 DS+Gra	
(By a selection	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	<del></del>
	Tamara Saint Gilles	
	(Typed or printed name of person signing)	
	President/Director	
	(Title of person signing)	<del></del>

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