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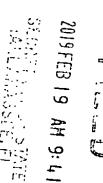
Office Use Only



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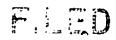


## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: J&R SPECIAL C.	ARE CORP	
DOCUMENT NUM	P18000056430		
	of Amendment and fee are su	bmitted for filling	
Please return all corre	spondence concerning this ma	tter to the following:	
	REBECA ARRIOLA		
		Name of Contact Person	
	J&R SPECIAL CARE COR	P	
		Firm' Company	
	300 NE 26 Avc #309		
		Address	
	Boynton Beach, Fk 33435		
		City/ State and Zip Cod	c
book	y,arriola@live.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call: at (	975-8874
Name	of Contact Person	ar (Area Co	de & Daytime Telephone Number
	or the following amount made		·
\$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)
An → Die P.C	niling Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Ameno Divisio Cliftor 2661 I	Address  Indicates Address  In or Corporations  In Building  Executive Center Circle  In assee, FL 32301

## Articles of Amendment to Articles of Incorporation of



2019 FEB 19 AM 9: 4 J & R Special Care Corp (Name of Corporation as currently filed with the Florida Dept.-of Stat P18000056430 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amen its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevia "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain word "chartered," "professional association," or the abbreviation "P.A." 300 NE 26 Ave #309 B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) Boynton Beach, Fl 33435 C. Enter new mailing address, if applicable: 300 NE 26 Ave #309 (Mailing address MAY BE A POST OFFICE BOX) Boynton Beach, Fl 33435 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: Rebeca Arriola Name of New Registered Agent 300 NE 26 Ave #309 (Florida street address) Boynton Beach New Registered Office Address: (City) 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

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title 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, C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of 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 a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT w Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
I) X Change	PVST	Rebeca Arriola	300 NE 26 Ave #309
Add			Boynton Beach, F1, 33435
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u></u>		
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issue provisions for implementing the amendment if not contained in the amendment its (if not applicable, indicate N/A)	
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(if not applicable, indicate N/A)	<u>:en:</u>

The date of each amendment(s) addite this document was signed.	loption:
02/1.  Effective date if applicable:	2/19
metric dure <u>in apprendict</u>	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be partment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s).
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	
	(voting group)
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
02/12/19 Dated	
	nhi
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)
	Rebeca Arriola
	(Typed or printed name of person signing)
	President

(Title of person signing)