(F	Requestor's Name)	
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])	Document Number)	
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AUG 0 8 2018 I AL PRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Y S D HOME CA	RE SERVICES INC	
DOCUMENT NUMB			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Camer	R. Love Vis	· M
•		Name of Contact Person	1
	Dusiness &	ssentials s	Envirces Corp.
		Firm/ Company	
	8900 SW.11	18 th Ave ste	? C-209
	Miani	Address FL. 33/86 City/ State and Zip Cod Corp O. Hof Ho sed for future annual report	
•	-	City/ State and Zip Cod	e
	Bessentials	Cosp (O. Hot No	ril com
	E-mail address; (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Chinen &	3. Lora Usin		de & Daytime Telephone Number
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	iriment of State:
■ \$35 Fiting 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)
	ling Address		Address
	ndment Section sion of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327			Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

4.5.D Home	Care Services InC
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporal "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (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)	SECULIANS SECULI
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida)	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
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)

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 De	<u>oe</u>	
X Remove	<u>V</u>	<u>Mike Jo</u>	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) X Change	P		SILVA DIAZ, YAMISLEIDY	8421 SW 209 STREET
Add				CUTLER BAY, FL 33189
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

(Attac	ending or adding additional Articles, enter change(s) here: in additional sheets, if necessary). (Be specific)
DD E	MPLOYER IDENTIFICATION NUMBER EIN 83-0985391
. <u>.</u> .	
_	
<u>If an</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	isions for implementing the amendment if not contained in the amendment itself: if not applicable, indicate N/A)
<u></u>	
.	

The date of each amendment(s	JULY 31, 2018	, if other than the
date this document was signed.	adoption:	, if other than the
_	ULY 31, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	tho more than 50 days after amenament fite dates	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this d Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendments sufficient for approval.	(s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	ent
	ist for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were action was not required.	idopted by the incorporators without shareholder action and shareholder	
JULY 2 Dated	9, 2018	
Signature	yu alif	
sele	director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other coubinted fiduciary by that fiduciary)	
	YAMISLEIDY SILVA DIAZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	