P1900000 6974

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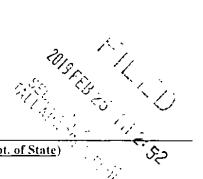
I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	RELIEF CARE INC	<u> </u>	
DOCUMENT NUMBER: P19			
The enclosed Articles of Amend	Iment and fee are sub	mitted for filing.	
Please return all correspondence	concerning this matt	er to the following:	
YODIOS	MAY GONZALEZ		
		Name of Contact Person	
ALL IN O	ONE ACCOUNTING	SERVICE, INC	
		Firm/ Company	-
4951 WE	ST 6TH AVE		
		Address	
HIALEA	H, FL 33012		
		City/ State and Zip Code	<u> </u>
ZQCONSULT	ANTS@YAHOO.CO	DM .	
	-	ed for future annual report	notification)
For further information concerning YODIOSMAY GONZALEZ	ing this matter, please		926-2190
Name of Contact Person		at (305	926-2190 de & Daytime Telephone Number
Enclosed is a check for the follo			
	3.75 Filing Fee & crtificate 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)
Mailing Addi Amendment S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of



RELIEF CARE INC.

(Name of Corporation as current	ly filed with the Florida Dept. of State)
(Maine of Corporation as current	is ined with the riorida Dept. of State)
P19000006974	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	900 WEST 49TH ST. STE#514G
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	HIALEAH, FL 33012
C. Enter new mailing address, if applicable:	900 WEST 49TH ST. STE#514G
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	HIALEAH, FL 33012
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	ress in Florida, enter the name of the
	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	ress in Florida, enter the name of the
new registered agent and/or the new registered office addres Name of New Registered Agent	ress in Florida, enter the name of the
new registered agent and/or the new registered office addres Name of New Registered Agent	ress in Florida, enter the name of the 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.

Example: <u>X</u> Change	<u>PT</u>	John Do	<u>v</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
i) X Change	PRE		LENNART PORTELA	900 WEST 49TH ST. STE#514G
Add				HIALEAH, FL 33012
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
Kemove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	
	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	

The date of each amendment(s) addate this document was signed.	01/17/2019 doption:	, if other than th
Effective date if applicable:		
Effective date <u>it applicable</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
	proved 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)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required. 02/21/2019 Dated	opted by the incorporators without shareholder action and shareholder	
Signature		
(By a d	lirector, 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 ated fiduciary by that fiduciary)	_
	LENNART PORTELA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	