P190000 1984

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2019 FEB 19 AM 9: 0

C. GOLDEN FEB 2 3 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: LIFE SUPP	PORT COMMUNIT	Y SERVICE INC
DOCUMENT NUMBER	. P1900000	6984	
The enclosed Articles of A	mendment and fee are su	bmitted for filing.	
Please return all correspond	dence concerning this mal	tter to the following:	
		MANUEL DIAZ AB	RFII
		Name of Contact Person	
	1155 61100	ORT COMMUNIT	•
_	LIFE SUPP	Firm/ Company	T SERVICE INC
		5861 SW 149TH	~T
		Address	ا ر <u>ا</u>
			2
		MIAMI, FL 3319 City/ State and Zip Cod	
		City/ State and Zip Cod	L
		OVEDRESE@YA	
	E-mail address: (to be us	sed for future annual report	notification)
For further information con	ncerning this matter, pleas	e call;	
MANUEL DIAZ	ABREU	at (305	890-5466
Name of Co	ontact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made p	payable to the Florida Depa	ariment of State:
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	☐S43 75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Address		Address
	ent Section of Corporations	,	Iment Section on of Corporations
P.O. Box	•		Building
Tallahas	sec, FL 32314	2661 F	xecutive Center Circle
		Tallah	assee, F1, 32301

Articles of Amendment

Articles of Incorporation

LIFE SUPPORT COMMUNITY SERVICE INC

FILED

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

P19000006984

2019 FEB 19 AM 9: 01

ent(s) to

S.J. TAU	AHASSEE, FL
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Pursuant to the provisions of section 607,100 its Articles of Incorporation:	6, Florida Statutes, this <i>Flori</i>	ida Profit Corporati	on adopts the fe	ollowing amendme
A. If amending name, enter the new name	of the corporation:			
name must be distinguishable and contain "Corp." "Inc.," or Co.," or the designatio word "chartered," "professional association	n "Corp," "Inc," or "Co".	A professional col		
B. Enter new principal office address, if a (Principal office address MUST BE A STRE		·		
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)				
D. If amending the registered agent and/o new registered agent and/or the new re	_	n Florida, enter the	name of the	
Name of New Registered Agent	MANUEL DIAZ A	BREU		
<u>-</u>	219 E 8TH			
	(Florida street ac	idress)		
New Registered Office Address:	HILEA	<u>\H</u>	, Florida_	33010

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.

Page Lof4

nature of New Registered Agent, if changing

. address of each Officer (Attach additional sheets Please note the officer/d P = President; V= Vice Executive Officer; CFO held President, Treasur Changes should be note a change, Mike Jones le Mike Jones, V as Remov	nnd/or I s, if neces lirector tit Presiden = Chief er, Direct d in the fo	sary) le by the first letter of the office title: t; T= Treasurer; S= Secretary; D= Director; TR* Financial Officer. If an officer/director holds more or would be PTD. ollowing manner, Currently John Doe is listed as the corporation, Sally Smith is named the V and S. Thes	Trustee; C = Chairman or Clerk; CEO = Chief e than one title, list the first letter of each office to PST and Mike Jones is listed as the V. There is
Example: X_Change	<u>PT</u>	<u> John Doc</u>	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Address</u>
1) Change	P	OSBEL ALFONSO ALBA	19201 COLLINS AVE
Add			SUNNY ISLES BEACH, FL 33160
X Remove			
2) Change	Р	MANUEL DIAZ ABREU	5861 SW 149TH CT
XAdd			MIAMI, FL 33193
Remove			
3) Change			
Add			·
Remove			
4) Change			
Add			
Remove			·
5) Change			
Add			
Remove			
6) Change			
Add			

Page 2 of 4

____ Remove

	iding additional Ar sheets, if necessary)	(Be specific)				
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- <u> </u>	~ <u></u>					
provisions for in	provides for an exc aplementing the am able, indicate N/A)	change, reclassif sendment if not s	Ication, or cancelle contained in the ar	ntion of issued shapendment itself:	nrcs,	
(if not applic						
(if not applic						
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The date of each amendment(s) adoption:	if other the - 4
date this document was signed.	, it outer than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date of document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders—The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated02/10/2019	
Signature 1 Signature	
(By a director, president unother officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
MANUEL DIAZ ABREU	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	