Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000234210 3)))



H210002342103ABCP

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

То:	Division of Corporations	
	Fax Number : (850)617-6380	101 201
From:		ري - ا
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	آبا ت
•	Account Number : I2 00000000 019	-ر:
	Phone : (305)552-5973	
•	Fax Number : (305)675-5944	375
		E F
•		EX -
	the email address for this business entity to be used for fut	ure
an	nual report mailings. Enter only one email address please.**	
_	ail Address:	

COR AMND/RESTATE/CORRECT OR O/D RESIGN ADULT COUNSELING CENTER OF THE PALM BEACHES INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

JUN 1 5 2021

S. PRATHER

Articles of Amendment to Articles of Incorporation

	of	04	
ADULT COUNSELING (CENTER OF THE PAI	LM BEACHES INC.	
Florida Document Number: P1900001	3452	· • • · · · · · · · · · · · · · · · · ·	-
Pursuant to the provisions of section 607.10 following amendment(s) to its Articles of In	MK Pladda Wassan are	s Florida Profit Corporatio	at adopts the
CHANGE NAME TO		MMUNITY CARE	<u>INC</u>
 .			
·			
1			
•			
— ••• — — — — — — — — — — — — — — — — —			
			•
These articles of amendment were adopted on			. .
The corporation has only one group of voting sto votes cast for amendment was sufficient for appropriate the corporation of the	ck; This amendment was a oval.	pproved by the shareholders an	d the number of
	E .	3-	<u>4</u> 1
JOSE E. DE	Printed Name and Title	PRESIDENT	2021 JUN 14 ALLAHASSE
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent. I	egistered Agent: am familiar with and accept	the obligations of the position.	

Signature of New Registered Agent, if changing