Office Use Only



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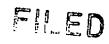
COVER LETTER

TO: Amendment Section Division of Corporations

		AS, INC	ATION: ICARE AMERICA	NAME OF CORPOR		
			P19000013747	DOCUMENT NUMB		
		bmitted for filing.	of Amendment and fee are su	The enclosed Articles of		
		tter to the following:	pondence concerning this ma	Please return all corres		
	FRANCISCO FARIAS					
	l	Name of Contact Persor		-		
	ICARE AMERICAS, INC					
		Firm/ Company		-		
	304 INDIAN TRACE, UNIT 602					
	Address					
			WESTON FL 33326			
	 :	City/ State and Zip Code		-		
			@oilcogroup.com	admin		
—	notification)	sed for future annual report	- ·			
		se call:	concerning this matter, plea-	For further information		
	9903652	954 at (FRANCISCO FARIAS			
Number	de & Daytime Telephone N	Area Co	Name of Contact Person			
	rtment of State:	payable to the Florida Depa	the following amount made	Enclosed is a check for		
	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	■\$43.75 Filing Fee & Certificate of Status	□ \$35 Filing Fee		
	Address		Mailing Address			
	n of Corporations	Divisio	Division of Corporations			
	Clifton Building 2661 Executive Center Circle		P.O. Box 6327			
	Certificate of Status Certified Copy (Additional Copy is enclosed) Address ment Section n of Corporations	Certified Copy (Additional copy is enclosed) Street Amend Divisic Chilon	Certificate of Status ing Address indment Section sion of Corporations	<u>Mail</u> Ame Divis P.O.		

Tallahassee, FL 32301

Articles of Amendment ŧo Articles of Incorporation



2019 MAR -8 AM 10: 29

οľ ICARE AMERICAS, INC

(Name of Corporation as current	dy filed with the Florida Dept. of States
19000013747	1 500.43350,
(Document Number o	of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the corporation:	
WA	The new
une must be distinguishable and contain the word "corporatio Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or ' ord "chartered." "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
. Enter new principal office address, if applicable:	N/A
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
Partie and molling orking a familiar life.	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
. If amending the registered agent and/or registered office add	lress in Florida, enter the name of the
new registered agent and/or the new registered office addres	
Name of New Registered Agent NIA	
Start of New Meganestagen	
d-tornin st	rev adress
N/A	trect address)
Octorida st. New Registered Office Address:	rect address), Florida

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 of 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 Doe	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	þ	GERARDÓ LOPEZ	304 INDIAN TRACE, UNIT 602
Add			WESTON, FL 33326
X Remove			
2) X Change	Ь	FRANCISCO FARIAS	304 INDIAN TRACE, UNIT 602
Add			WESTON, FL 33326
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate \ \.\tau_1 \) N/A

	03/01/2019	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	2.61/2010	
U Effective date <u>if applicable</u> :	3/01/2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	is block does not meet the applicable statutory filing requirements, the Department of State's records.	is date 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 east for the amenda sufficient for approval.	nent(s)
	approved by the shareholders through voting groups. The following sta- for each voting group entitled to vote separately on the amendmentts)	stement
	ast for the amendment(s) was/were sufficient for approval	
by	evoting groups	
,	evoting groups	
	adopted by the board of directors without shareholder action and share	holder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and sharehold	er
Dated	13/06/2019	
.1		
Signature	a director, president or other officer - if directors or officers have not t	
	rected, by an incorporator—if in the hands of a receiver, trustee, or other	
	ointed fiduciary by that fiduciary)	
	FRANCISCO FARIAS	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Little of person signing)	