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COVER LETTER

TO: Amendment Section

Amendment Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations Ne Care Pediatric Extended Care Corp. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: We Care Pediatric Extended Care are poec @ gmail. Com
s: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

Articles of Inco	orporation
We Care Pediatric Ext	ended Care Corp
(Name of Corporation as currently	filed with the Florida Dept. of State)
P1900001 /2	152
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIN-	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	NIT
(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)	N/A
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	 5
(Florida stre	et address)
New Registered Office Address:	, Florida
•	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar w	ith and accept the obligations of the position.
Signature of New Re	egistered 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.

Vramala.	we, ana sany sma	n, SV as an Ada.	
Example: X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
_X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Martha Pinzon	16671 SW 80th Terrace
Add Remove			Miami, FL 33193
2) Change	VP	Donerys D. Delgado	305 NW 164th Avenue Pembroke Anes, FL 33028
Remove			
3) Change			
Add Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change Add		<u> </u>	
Remove			

	cles, enter change(s) here: (Be specific)
NIA	
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	ange, reclassification, or cancellation of issued shares,
ii an amendmeni nrovides for an exch	
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
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(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:date this document was signed.	Mp11 26, 2019	if other than
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does a document's effective date on the Department of	not meet the applicable statutory filing requirements, this f State's records.	date will not be listed as
Adoption of Amendment(s) (CF	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes east for the amendme approval.	nt(s)
	ne shareholders through voting groups. The following state g group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the ame	ndment(s) was/were sufficient for approval	
by	ting group)	
	board of directors without shareholder action and shareholder	older
☑ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder	
Signature (By a director, presselected, by an incappointed fiduciary)	sident of other officer – if directors or officers have not be orporator – if in the hands of a receiver, trustee, or other c	en ourt
	Sylvianne Cata (Typed or printed name of person signing)	
	Vice President (Title of person signing)	

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