

P19 000023 000

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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C. GOLDEN  
JAN 28 2020

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** TWO SISTERS RETIREMENT HOME INC

**DOCUMENT NUMBER:** P19000023000

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SILVIA BOSQUE

Name of Contact Person

TWO SISTERS RETIREMENT HOME INC

Firm/ Company

15731 SW 59 TERRACE

Address

MIAMI, FL 33193

City/ State and Zip Code

TWOSISTERSALF@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SILVIA BOSQUE

Name of Contact Person

at ( 786 ) 665-9174

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate 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 Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
to  
ARTICLES OF INCORPORATION  
of

2019 DEC 23 PM 5:19

**TWO SISTERS RETIREMENT HOME INC**

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

P19000023000

Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida For Profit Corporation** adopts the following amendments to its Articles of Incorporation:

**A. ARTICLE V – REGISTERED AGENT:**

The name and the Florida street address of the registered agent are:

SILVIA BOSQUE  
TWO SISTERS RETIREMENT HOME INC  
15731 SW 59<sup>th</sup> Terrace  
Miami, FL 33193

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*



Registered Agent's Signature

**B. ARTICLE IV – OFFICERS AND DIRECTORS:**

<u>Type of Action</u>	<u>Title</u>	<u>Name</u>	<u>Address</u>
<input type="checkbox"/> Change	P	SILVIA BOSQUE	15731 SW 59 <sup>th</sup> Terrace
<input type="checkbox"/> Remove			Miami, FL 33193
<input checked="" type="checkbox"/> Add			
<input checked="" type="checkbox"/> Change	VP	YIRIXEY PEREZ	15731 SW 59 <sup>th</sup> Terrace
<input type="checkbox"/> Remove			Miami, FL 33193
<input type="checkbox"/> Add			

**The date of each amendment(s) adoption:** DECEMBER 16<sup>TH</sup> 2019

**Effective date:** DECEMBER 16<sup>TH</sup> 2019

**Adoption of Amendment**

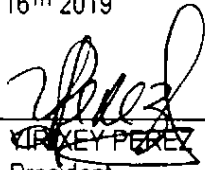
- ☒ The amendments were adopted by the shareholders. The number of votes cast for the amendments were sufficient for approval.

Dated DECEMBER 16<sup>TH</sup> 2019

Signature \_\_\_\_\_

Printed Name:

Title:

  
VIRXEY PEREZ  
President