P190000 36442

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: SIESTA GROUP I	HOME INC	
DOCUMENT NUM	P19000036442		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	LYSSETTE CRAIG		
	••	Name of Contact Persor	1
	SIESTA GROUP HOME IN	С	
		Firm/ Company	
	4411 TEAL WAY		
		Address	<u> </u>
	SARASOTA, FL 34232		
		City/ State and Zip Cod	e
For further informati	on concerning this matter, please		
Name	e of Contact Person	at (Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 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		Ameno Divisio Cliftor	Address Iment Section on of Corporations Building
Tallahassee, FL 32314		2661 E	Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

SIESTA GROUP HOME, INC.

/Name of Companyion as autmently	filed with the Florida Dept. of State)	
P19000036442	med with the Florida Dept. in State)	
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	orida Profit Corporation adopts the fo	ollowing amendment(s
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "P	o". A professional corporation name	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		19 HAY
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the	17 19 14 8- 17 19 14 8-
Name of New Registered Agent		
	· · · · · · · · · · · · · · · · · · ·	
(Florida stree	t 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 with the second sec	th and accept the obligations of the po	sition.
Signature of New Re	gistered 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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
\underline{X} Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
I) Change	VP	_	ROSALINDA HERNANDEZ	4411 TEAL WAY
XX Add				SARASOTA. FL 34232
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				<u> </u>
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				***************************************
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	- 147 STORY L
·	

If an amendment provides for an exch	change, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
·	
<u>. </u>	
	

The date of each amendment date this document was signed		, if other than the
Effective date if applicable:	04/24/2019	
in appricable,	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this date will he Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
☐ The amendment(s) was/we. must be separately provide	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/well action was not required.	re adopted by the incorporators without shareholder action and shareholder	
	/2019	
Dated Signature	Lysotte Christi	
(E	by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	_
	LYSSETTE CRAIGH	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	