P19000042426

(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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R. WH!TE FEB 13 2020

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TLC	CARE, INC		
DOCUMENT NUMB	er: <u>P190000</u> 4	12426		
The enclosed Articles of	f Amendment and fee are su	omitted for filing,		
Please return all corresp	oondence concerning this mat	tter to the following:		
	A 1000 C	16.3016		
-	Name of Contact Person			
TLC CATE, IVIC.				
_	2554 10	Address Address A, FL 342' City/ State and Zip Cod	203	
		Address	2 -	
_	Sarasut	a, FL 342	57	
		City/ State and Zip Cod	¢.	
	Calebs	Hevens 840	Gmuil. Com	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Nora C	lark	at (941		
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:	
□ \$35 Filing Fee	S43.75 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			Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
	Вох 6327	The Centre of Tallahassee		
Tallahassee, Fl. 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment

to

Articles of I	o neorporation
TLC CARE	, INC. 2000 21 0.112:57
	tly filed with the Florida Dept. of State)
P1900004242	26
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
TLC HUMECA	RE, INC. The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co", "chartered." "professional association." or the abbreviation "P.A	"company," or "incorporated" or the abbreviation "Corp" A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2554 10th St. Apt, 203 Sarasota, Fl 34237
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2554 10th St. Apt. 203 Sarasuta, FL 34237
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address ALA	
Name of New Registered Agent N/A 2554 16th (Florida:	
New Registered Office Address: Schrosska, Fl	(City) , Florida 39457 (Zip Code)
New Registered Agent's Signature, if changing Registered Agel hereby accept the appointment as registered agent. I am familia	nt: r with and accept the obligations of the position.
N/A	Registered Agent, if changing
Signature of New	Registered 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 Doe	
\underline{X} Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		Caleb Stevens	2554 10th st. Apt 20
X Add			Sarasita, FL 34237
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ)Change		<u> </u>	
Add			
Remove			
		Page 2 of 4	

	
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 NA)	
	
	
Page 3 of 4	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
1/15/2020	
Effective date if applicable: 1/15/2020 (no more than 90 days after amendment file date)	
(no more than 20 days after amenament file date)	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were s		The number of votes cast for the amendment(s)
		through voting groups. The following statement d to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was	s/were sufficient for approval
by		."
	(voting group)	
action was not required.	•	etors without shareholder action and shareholder
	opted by the incorporators	without shareholder action and shareholder
Dated 1/15	5/26.20 /XXX	
Signature	June 1	07 10 11 00
selecte		officer – if directors or officers have not been in the hands of a receiver, trustee, or other court iary)
	Nora	C\W\L Ited name of person signing)
	(Typed or prir	nted name of person signing)
	Presid	lent
	(Title of person signing)	