P190000 57610

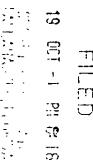
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OCT 1 7 2019 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	KAPAMIL	YA	CARE	INC
DOCUMENT NUMBER:	P190000571	610		
The enclosed Articles of Amendi	nent and fee are subm	nitted for fi	ling.	•
Please return all correspondence	concerning this matter	r to the foll	owing:	
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	Pamela V Kapamilya	1	UINGA Contact Perso	on.
	Kanamilua	Care	Inc.	···
	, action of the	Firm/	Company	· · · · · · · · · · · · · · · · · · ·
	6414 1091	HA AV	2	
- -		A	ddress	
	Pinellas	Park	FI	33782
_		City/ State	and Zip Coo	le
	Kapamilyac	care adj	o Q ama	il. com
E-ma	l address: (to be used	for future	annual repor	t notification)
For further information concerning	g this matter, please c	all:		
famila Viv	in Dingal	at	(727	Ode & Daytime Telephone Number
Name of Contact I	Person		Area Co	ode & Daytime Telephone Number
Enclosed is a check for the follow	ing amount made pay	able to the	Florida Dep	artment of State:
	.75 Filing Fee & Cificate of Status	Certified	al copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addre				Address
Amendment Se Division of Cor		Amendment Section Division of Corporations		
P.O. Box 6327	1			Building
Tallahassee, FL	32314		2661 F	Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

(Name of Corporation as currentl	ly filed with the Florida I	Dept. of State)
P 190000 576 10		
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporatio	n adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	NA	The new
name must be distinguishable and contain the word "corporatio, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation "	'Co". A professional corp	orporated" or the abbreviation
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)	1	320 6
	 	
C. Enter new mailing address, if applicable:	1/0	- m
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	<u> N/A</u>	
	<u> </u>	्र दृ
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D. If amonding the resistance agent and to resistance of the second of t	to El M	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address.		name of the
Name of New Registered Agent		
<u></u>		
(Florida stre	eet address)	
New Registered Office Address:	eet address) (City)	, 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. 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 Doc	
X Remove	\underline{v}	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	C	REY T. BACATAN	1460 JASMINE WAY
Add			CLEARWATER FI
Remove			33756 US
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

11/1/2	ts, if necessary).	(Be specific)			
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The date of each amendment(s) adoption:	Sept. 1,2019	, if other than the
date this document was signed.		· · · · · · · · · · · · · · · · · · ·
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does n document's effective date on the Department of	not meet the applicable statutory filing requirements, to State's records.	his date will not be listed as the
Adoption of Amendment(s) (CH	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes east for the amenda approval.	ment(s)
	c shareholders through voting groups. The following so group entitled to vote separately on the amendment(s)	
	ndment(s) was/were sufficient for approval	
by	ting group)	
(voi	ting group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and share	eholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and sharehold	der
Dated Sept 27,	2019	
Dated Scot 27, Signature Curs	A.S.	
(By a diryctor, pres	adent or other officer – if directors or officers have not	been
selekted/by an ince appointed fiduciary	orporator – if in the hands of a receiver, trustee, or othe	r court
appointed inductary	by that fiductary)	
P	PAMELA VIVIEN DINGAL	
	(Typed or printed name of person signing)	
	C <i>50</i>	
	(Title of person signing)	