## P14000057610

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Kapamil	lya Care	e Inc	
NAME OF CORPORATION:  DOCUMENT NUMBER:	P1900005	7610		
The enclosed Articles of Amenda				
Please return all correspondence	concerning this matt	er to the followi	ng:	
	Pamela	Vivi`en .	Dingal	
	Kapamilya	Name of Conta A Care	act Person	
	6414 109th	Firm/Con	npany	
	6414 logth Pinellas f	Addre	ss 3378	°2
		City/ State and	Zip Code	
	Kapamilyac	areadp@	gnail.	com
E-mai	l address: (to be use	d for future annu	ial report noti	ification)
For further information concerning	g this matter, please	call:		
Pamela Vii	ien Dinga	at (	727 ,	4831449
Name of Contact I	Person		Area Code &	¿ Daytime Telephone Number
Enclosed is a check for the follow	ring amount made pa	ayable to the Flo	rida Departm	ent of State:
-	.75 Filing Fee & ificate of Status	□\$43.75 Filing Certified Cop (Additional co- enclosed)	ppy is	1\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addre Amendment Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations		The Centro 2415 N. M	

## Articles of Amendment

## Articles of Incorporation

Kapamilya Care 1	MC filed with the Florida Dept. of State)
P 190000 576 W	, , , , , , , , , , , , , , , , , , ,
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatticles</i> of Incorporation:	lorida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	ULA
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	7848 Glascow Dr.
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	7848 Glascow Dr. New Port Richey F1 34653
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addres	ss in Florida, enter the name of the
Name of New Registered Agent  Name of New Registered Agent	
(Florida street	t address)
New Registered Office Address:	Florida
(C	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	th and accept the obligations of the position.
Signature of New Reg	gistered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>PT</u>	John Doe	١ ,	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	, 11 &	
X Add	<u>sv</u>	Sally Smith	10/1	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
I) Change				
Add				
Remove				
2) Change		<u> </u>		
Add				
Remove 3 ) Change				
Add				
Remove				
4) Change		<del></del>	·	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

	s, if necessary). (Be	specific)		
M / /				
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	ides for an exchange	, reclassification, or c	ancellation of issued s	hares,
f an amendment provi provisions for implem (if not applicable, i	enting the amendmending indicate N/A)	ent if not contained in	the amenoment user	<u>E</u>
provisions for implem	ienting the amendme	ent if not contained in	the amendment user	<u> </u>
provisions for implem	ienting the amendme	ent if not contained in	the amendment user	<u> </u>
provisions for implem	indicate N/A)	ent if not contained in	the amendment user	<u>E</u>
provisions for implem	indicate N/A)	ent if not contained in	the amendment user	<u>E</u>
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provisions for implem	indicate N/A)	ent if not contained in	the amendment user	<u>E</u>
f an amendment provi provisions for implem (if not applicable, i	indicate N/A)	ent if not contained in	the amendment rise	<u>E</u>

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable: NA	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareho action was not required.	older action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the ame by the shareholders was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The followin must be separately provided for each voting group entitled to vote separately on the amendmen	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Signature  (By a director, president or other officer – if directors or officers have recognitions)	not been
selected, by an incorporator – if in the hands of a receiver, trustee, or o appointed fiduciary by that fiduciary)	
Pamela Vivien Dingal (Typed or printed name of person signing)	
CEO	
(Title of person signing)	-