P19000057610

(Re	questor's Name)		
(Address)			
(Ad	dress)		
(Cit	y/State/Zip/Phone #	()	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Name)	
(Do	cument Number)		
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SECRETARY OF STATE CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	KAPAMILYA CARE INC
	19000057610
The enclosed Articles of Amendme	ent and fee are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
	Pamela Vivien Dingal Name of Contact Person Kapamilya Care Inc.
<u></u>	Hapamilya Care inc. Firm/ Company H logth Ave (Pinullas Park F1) Address
	Pinellas Park Fl 33782 City/ State and Zip Code
- Ka E-mail	pamilyacaread p @ gmail. com address: (to be used for future annual report notification)
For further information concerning	this matter, please call:
Pame (a VIVI Name of Contact Po	erson Dingal at 727, 4831449 Area Code & Daytime Telephone Number
	ng amount made payable to the Florida Department of State:
	75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee ficate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Addres Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion Amendment Section orations Division of Corporations The Centre of Tallahassee

Articles of Amendment to

Articles of Incorporation

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KAPAMILYA CARE INC

Name of Corporation as currently	y filed with the Florida Dept. of State)			
	med with the Fibrida Dept. of State)			
<u> </u>				
(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)			
A. If amending name, enter the new name of the corporation:	NA The new			
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp."			
B. Enter new principal office address, if applicable:	7179 61st St N			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	7179 61st St N Pinellas Park Fl 33781			
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 addr new registered agent and/or the new registered office address:	ess in Florida, enter the name of the			
Name of New Registered Agent				
(Florida stre	et address)			
New Registered Office Address:	Florida			
1	City) (Zip Code)			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w				
Signature of ivew Ke	gistered Agent, if changing			
Theck if annicable				

Check it 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		
X Remove	$\underline{\mathbf{V}}$	Mike Jones		
X Add	<u>sv</u>	Sally Smith	Į.	
Type of Action (Check One)	<u>Title</u>	<u>Na</u>	<u>ame</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove 3) Change		_ <u></u>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove			_	
f) Change				
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amendment pro	ovides for an excha	ange, reclassifi	cation, or canc	ellation of iss	ued shares.	
<u>visions for imple</u>	menting the amen	dment if not c	ontained in the	amendment	itself:	
(if not applicable	t, indicate N/A)					
		- -				
	-					
						
				· <u></u>		
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The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
Effective date <u>if applicable</u> : (no more than 90 days after amo	ndment file date)
Note: If the date inserted in this block does not meet the applicable statutory fi document's effective date on the Department of State's records.	ling requirements, 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 action was not required.	s without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of vote by the shareholders was/were sufficient for approval.	s cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groumust be separately provided for each voting group entitled to vote separately of	ps. The following statement on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for a	pproval
by(voting group)	
(voting group)	
Dated Aug. 12, 2022	
Signature (By director, president or other officer – if directors of selected, by an incorporator – if in the hands of a recei appointed fiduciary by that fiduciary)	or officers have not been ver, trustee, or other court
Pamela Vivien Dir (Typed or printed name of person si	1941
	Emils)
(Title of person signing)	
(Time or person signing)	