## P19000058086

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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## COVER LETTER

TO: Amendment Section Division of Corporations

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

NAME OF CO	RPORATION: ALL SMART CARE, INC	
	TUMBER: P19000058086	
The enclosed Ar	ticles of Amendment and fee are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	MAYDEALCAZ	
	Name of Contact Person	<del></del>
	ALL SMART CARE, INC	
	Firm/ Company	
	15291 NW 60TH AVE SUITE 110	
	Address	
	MIAMI LAKES, FL 33014	
	City/ State and Zip Code	
	ALLSMARTCARE@GMAIL.COM	
	E-mail address: (to be used for future annual report notification)	20
For further infor	nation concerning this matter, please call:	2022 JUN 14 PH 4: 55
MAYDI ALCA	at ( 305 ) 316-2055	
N	ame of Contact Person Area Code & Daytime Telephone Nu	mber : ==
Enclosed is a che	ck for the following amount made payable to the Florida Department of State:	
S35 Filing F	Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)	o

Street Address

Amendment Section

Division of Corporations

The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation of

ALL SMART CARE, INC.

ALE SMART CARE, INC		en i da a en da esta esta esta esta esta esta esta est		
P19000058086	of Corporation as currently	v filed with the Florida Dept. of Sta	<u>1(c)</u>	
	(Document Number of	f Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:		·	e following amendm	nent(s)
A. If amending name, enter the new name. N/A	ame of the corporation:		77	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Torp," "Inc," or "Co". A	company," or "incorporated" or the o professional corporation name m	The new abbreviation "Corp., ust contain the wor	••
B. Enter new principal office address. (Principal office address MUST BE A S		N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	2622 JUN 11	F 773
D. If amending the registered agent ar			he	93 24 - س 14 - س 14 - ما 14 - ما 14 - ما
new registered agent and/or the nev			, <u>0</u> ,	
Name of New Registered Agent	N/A			
New Registered Office Address:	(Florida stra	eet address) , Floric		
ter segments office the con-		(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	tered agent – Lam familiar v	i with and accept the obligations of the egistered Agent, if changing	position	
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.

Example:

<u>N</u> Change	<u>PT</u>	John Doc	
X Remove	$\underline{\mathbf{V}}$	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	V	YANEYSIS ALCAZ	7055 SW 16TH CT
X Add			PEMBROKE PINES, FL 33023
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	al sheets, if necessar	y). (Be specific)			
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an amendmen	t provides for an e	Achange, reclassificati	on, or cancellation o	f issued shares,	
if not appli	icable, indicate N/A	mendment if not cont	amed in the amendo	ient itself:	
	<del></del>	<del>-</del>			<del></del>
			-		<u></u>
		<del>-</del>			<del>-,</del> _
					***
					<del>,,,</del>

The date of each amendment(s) adde this document was signed.	04/22/2022 idoption:, if other than 1
Effective date if applicable:	
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date will not be listed as a epartment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were ac action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.
The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for approval
py	<del></del>
	(voting group)
06/06/2 Dated	)22 
(By a c selecte	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	MAYDI ALCAZ
	(Typed or printed name of person signing)
	OWNER
	(Title of person signing)