

From: Dawnelle Sonntag
5/10/23, 11:06 AM

Fax: 18132511715

To:

Fax: (850) 617-6380

Page 1 of 1

05/10/2023 11:15 AM

P 19 000060338
H230001743843

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000174384 3))



H230001743843ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : LIESER SKAFF ALEXANDER, PLLC
Account Number : 120150000057
Phone : (813)280-1256
Fax Number : (813)251-8715

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Sbaptiste@5starcare.com

FILED
MAY 10 2023
TALLAHASSEE, FL

2023 MAY 10 AM 8:35

FILED

COR AMND/RESTATE/CORRECT OR O/D RESIGN
5 STAR CARES INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

2023 MAY 10 PM 12:02

Electronic Filing Menu

Corporate Filing Menu

Help

H230001743843

H230001743843

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: 5 STAR CARES INC.

DOCUMENT NUMBER: P19000060338

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ghada Skaff
Name of Contact Person
Lieser Skaff Alexander, PLLC
Firm/ Company
403 North Howard Ave
Address
Tampa, FL 33606
City/ State and Zip Code
sbaptiste@5starcare.com
E-mail address: (to be used for future annual report notification)

FILED
2023 MAY 10 AM 8:35
STATE OF FLORIDA
TALLAHASSEE, FL

For further information concerning this matter, please call:

Ghada Skaff at (813) 380-1256
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

11230001743843

Articles of Amendment to Articles of Incorporation of

5 STAR CARES INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P19000060338

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

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 address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address: Florida (City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

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

FILED 2023 MAY 10 AM 8:35 STATE OF FLORIDA TALLAHASSEE, FL

H230001743843

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:

Change PT John Doe
 Remove V Mike Jones
 Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>VST</u>	<u>William E. Holland</u>	<u>1101 Ray Charles Blvd</u>
<input type="checkbox"/> Add			<u>Unit 1505</u>
<input type="checkbox"/> Remove			<u>Tampa, FL 33602</u>
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

FILED
 2023 MAY 10 AM 8:35
 TALLAHASSEE FL
 CLERK OF SUPERIOR COURT

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

Lined area for amending or adding additional Articles.

2023 MAY 10 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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 N/A)

Lined area for provisions for implementing the amendment if not contained in the amendment itself.

May 8, 2023

The date of each amendment(s) adoption: _____, 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 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 adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)

Dated 5/10/2023

DocuSigned by:
Signature Samuel Baptiste
By _____, president or other officer if directors or officers have not been selected, by an incorporator if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Samuel Baptiste

(Typed or printed name of person signing)

President

(Title of person signing)

FILED
2023 MAY 10 AM 8:35
DEPARTMENT OF STATE
TALLAHASSEE, FL