

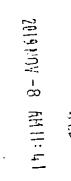
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C GOLDEN

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: _	MADELA (	CARE CORP		
DOCUMENT NUMBER:P19	000075251			
The enclosed Articles of Amendm	ent and fee are su	bmitted for filing	<b>?</b> .	
Please return all correspondence co	oncerning this mat	tter to the follow	ing:	
		MADELAINE	SUAREZ	
		Name of Con	tact Persor	- <del></del>
		Firm/ Co	mpany	
		167 W 7TH ST	APT A	
·		Addr		
		HIALEAH, FL		
		City/ State an	d Zip Code	2
	MADEL	AMONTANO@	ҮАНОО.С	COM
E-mail	address: (to be us	sed for future and	ual report	notification)
For further information concerning	this matter, pleas	se call:		
MADELAINE SUAREZ		at (	786	907-0751
Name of Contact P	erson		Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	ng amount made p	payable to the Fl	orida Depa	rtment of State:
	75 Filing Fee & ficate of Status	S43.75 Filir Certified Co (Additional of enclosed)	- py	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



MADELA CARE CORP

221911011	-8	AM 11: L	ļ
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(Name of Corporation as currently	filed with the Florida Dept. of State)
P19000075251	· · ·
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	forida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	" "company," or "incorporated" or the abbreviation  ". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A
	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable:	
(Muiling address <u>MAY BE A POST OFFICE BOX</u> )	
	N/A
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
•	
Name of New Registered Agent	
	N/A
(Florida stree	t address)
New Registered Office Address:	, Florida
(C	(Zip Code)
N. B. Carlotte and C. Carlotte	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
	, 5 , ,
Signature of New Reg	istered Agent, if changing

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 Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	V	DANIA SUAREZ	157 W 7th st	
X Add Remove			Hialeah, FL 33010	
2) Change				
Add				
Remove				
3 ) Change				
Add				
Remove			<del></del>	
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
	N/A	
		, , , , , , , ,
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<del>.</del>		
	· · · · · · · · · · · · · · · · · · ·	
	-	
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<u> </u>		-
f an amendment provides for an exch	ango reclassification or cancella	ition of iccuad chares
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the am	nendment itself:
	N/A	
		***

The date of each amendment(s)	ndoption:	, if other than the
date this document was signed.	11/05/2019	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this epartment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ac by the shareholders was/were	lopted by the shareholders. The number of votes cast for the amendment of the approval.	ent(s)
	oproved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	."	
, <del></del>	(voting group)	
action was not required.	lopted by the board of directors without shareholder action and shareholder by the incorporators without shareholder action and shareholde	
DatedSignature	05/2019  director, president or other officer – if directors or officers have not be	een
	ed, $\frac{1}{2}$ an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	court
	MADELAINE SUAREZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	