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.

(((H22000380775 3)))



H220003807753ABC1

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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email Address:\_

## COR AMND/RESTATE/CORRECT OR O/D RESIGN ABBA HOME CARE INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

11/8/3025

## **Articles of Amendment** to

## **Articles of Incorporation**

	of	2022 NOV - 1 PH 3: 41
ABBA HOME CARE	Inc.	<del></del>
Florida Document Number: P19000	086289	
Pursuant to the provisions of section 607.1006, Florida following amendment(s) to its Articles of Incorporation	n:	orporation adopts the
ZANNIA F FALEDO (P)	51 /1	
MANUEL VERDE (VP	) 49 70. (At	>D)
MANUEL VERDE (VP 175 Fontaine Slew Blud	Ste 2E Miami	F/ 33174
PEMOVE ADA	DE A TORRE	
These articles of amendment were adopted on	11/7/2022:	
The corporation has only one group of voting stock. This a votes cast for amendment was sufficient for approval.	amendment was approved by the sh	archolders and the number of
ZAnn14	FALTO.	- - -
Printed	1 Notice and Title	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am famil	Agent:  ian with and accept the obligations of the	he position.

Signature of New Registered Agent, if changing