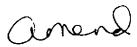
## P19 0000 86983

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AUG 1 0 2021 A RAMSEY

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: CAH of Florida, I	nc.		
	BER:			
The enclosed Articles	of Amendment and fee are su	abmitted for filing.		
Please return all corre	espondence concerning this ma	atter to the following:		
	Irene Fonzi, Esquire			
		Name of Contact Perso	n	
	Irene Fonzi, PA			
		Firm/ Company		
	1402 Highway A1A, Suite 2	• •		
		Address		
	Satellite Beach, FL 32937	/ value 33		
		City/ State and Zip Cod	P	
		ony brate and rap cod	*	
	ifonzi@fonzilaw.com			
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Irene Fonzi, Esquire		at (	777-1191	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:	
_		·		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Street Address		
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

CAH of Florida, Inc.

suf-	=//	ED
2021 JUL	۔ 2ء	LU

Civil of Florida, Inc.	υ( 2 <sub>2</sub>
ion as currently filed with the Florida D	Dept. of State) AH O.
P19000086983	3.50
ment Number of Corporation (if known)	
a Statutes, this <i>Florida Profit Corporation</i>	n adopts the following amendment(s
orporation:	
	The new
orporation," "company," or "incorporate " or "Co". A professional corporation eviation "P.A."	
DRESS)	
<u></u>	
red office address in Florida, enter the i office address:	name of the
(Florida street address)	<u>.</u> .
	. Florida
(City)	(Zip Code)
istered Agent:	
I am familiar with and accept the obligati	ions of the position.
	a Statutes, this Florida Profit Corporation  Orporation:  Orporation:  Orporation, ""company," or "incorporate " or "Co". A professional corporation eviation "P.A."  DRESS)  Sylvation (Florida and the soffice address:  (Florida street address)  (City)

Signature of New Registered Agent, if changing

Check if applicable

<sup>☐</sup> 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: 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	Name	<u>Addres</u> s
1) Change	S	Katie J. Black	1395 South Patrick Drive
X Add			Satellite Beach, FL 32937
Remove			
2) Change	<u>S</u>	Jonathon C. Black	1395 South Patrick Drive
Add			Satellite Beach, FL 32937
X Remove Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<del></del>	
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)				
		• 1			
· <u>-</u>				<del></del>	
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			<u>.</u>		
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			-		_
		. ,	_		
f an amendment provides for an exchaprovisions for implementing the amen	<u>inge, reclassificatio</u> idment if not conta	on, or cancellation ined in the amer	n of issued shar	res,	
(if not applicable, indicate N/A)					
				<u></u>	
			_	<del>-</del>	-
		<u></u>		···	
		<del></del>	-	<u> </u>	

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file da	ite)
<b>Note:</b> If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of directors without shar-	eholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the a ficient for approval.	amendment(s)
	oved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amendm	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	ector, president or other officer – if directors or officers hav	
	by an incorporator – if in the hands of a receiver, trustee, od fiduciary by that fiduciary)	or other court
	Jonathon C. Black	
-	(Typed or printed name of person signing)	-
	Sole Director	
-	(Title of person signing)	-