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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: NEW ACTION ACTION NAME OF CORPORATION NAME OF	ge Community Services Inc.
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
Har New 13501 Sw Mich	Name of Contact Person  Age Community Services Inc.  Firm/ Company  128 St # 212.  Address  City/ State and Zip Code
E-mail address: (to be used	d for future admual report notification)
For further information concerning this matter, please	call:
Havia 1020 Name of Contact Person	at (706) 587 - 6419  Area Code & Daytime Telephone Number 23  ayable to the Florida Department of State:
Enclosed is a check for the following amount made pa  \$35 Filing Fee \$  Certificate of Status	ayable to the Florida Department of State:  \$\Begin{align*} \begin{align*} \text{S43.75 Filing Fee} & \Begin{align*} \Begin{align*} \text{S52.50 Filing Fee} & \Begin{align*} \text{S7.50} \\ \text{Certified Copy} & Ce
Mailing Address Amendment Section	Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation

to

1 M(1)	Age Com	or www.tl	Services In	<b>↑</b> .	
(Name o	of Corporation as curi	ently filed with	the Florida Dept. of State	<u>C</u>	
D10	MOIGEN		<u> </u>	<del>-</del> '	
	(Document Numb	per of Corporation	n (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:		•		following ame	:ndment(s)
A. If amending name, enter the new na	ame of the corporation	<u>1:</u>			
				The	new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Coartered," "professional association,"	Corp. " "Inc. " or "Co	". A profession			
B. Enter new principal office address, (Principal office address MUST BE A S		<del></del>			<u> </u>
C. Enter new mailing address, if applications and address MAY BE A POST					<u> </u>
D. If amending the registered agent an new registered agent and/or the new			ida, enter the name of the	20 APR	
Name of New Registered Agent					43.4 3.4
				-a ⊃,	
	(Florie	la street address)		<u>_</u>	수 등() 무너
New Registered Office Address:			, Florida	,; 	22
		(City)	<u> </u>	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist			cept the obligations of the p	osition.	
	Signature of N	ew Registered A	gent, if changing		

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:	pr t.l.		
X_Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Miko</u>	: Jones	
<u>X</u> Add	SV Sally	: Smith	
Type of Action (Check One)	Title	Name	Address
I) Change	PT.	Maria lazo	13501 SW 1285+ #218
Add			Hiami, Fl 33186
Remove			
2) Change	<del></del>		
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<del></del>	
Add			
Remove			

. If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
<del></del>	
<del></del>	
. If an amendment provides for an exc provisions for implementing the am	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	· · · · · · · · · · · · · · · · ·
<del> </del>	
<del></del>	

. . . .

The date of each amendment(s) ado	otion:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after ame	ndment file date)
Note: If the date inserted in this blod document's effective date on the Department.		iling requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of director	s without shareholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of vote cient for approval.	es cast for the amendment(s)
	ved by the shareholders through voting group ch voting group entitled to vote separately	
"The number of votes cast fo	the amendment(s) was/were sufficient for	approval
by		'''
	(voting group)	- <del></del>
selected,	ctor, president or other officer – if directors by an incorporator – if in the hands of a reconfiduciary by that fiduciary)  AVIA (270.	eiver, trustee, or other court
<del>-</del>	(Typed or printed name of person	signing)
_	awner Presid	Jent
	(Title of person signing)	