## P20000022915

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C. BRUMBLEY
JAN - 5 2022

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AMAZING HEAL	TH CARE AND SERVICE	ES INC	
DOCUMENT NUME				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	NATACHA ETIENNE			
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	 1	
	AMAZING HEALTH CARE	AND SERVICES INC		
	Firm/ Company			
	1706 CARRIAGE BROOKE	DR		
,	· · · · · · · · · · · · · · · · · · ·	Address		
	WELLINGTON, FL 33414			
	City/ State and Zip Code			
	QTC7971@COMCAST.NET	•		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
NATACHA ETIENNI	3	at ( <u>561</u>	410-4501	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 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)	
Ame Divi- P.O.	ing Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303	

## Articles of Amendment to Articles of Incorporation of

AMAZING HEALTH CARE AND SERVICES INC

( <u>Name of</u>	Corporation as currently	filed with the Florida Dept. of State)	
P20000022915			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this I	Florida Profit Corporation adopts the follo	owing amendment(s)
A. If amending name, enter the new nan	ne of the corporation:		
			The new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Co. "chartered," "professional association," o	rp, "Inc," or "Co". A		iation "Corp.,"
B. Enter new principal office address, if	annlicable:	409 S DIXIE HWY	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		SUITE 4	
		LAKE WORTH BEACH FL 33460	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST Of December 2)  D. If amending the registered agent and new registered agent and/or the new resistered agent and/or th	FFICE BOX) or registered office addr		POZI DEC   L AHII
Name of New Registered Agent			· · · ·
New Registered Office Address: 1	(Florida stre 706 CARRIAGE BROOK	E DR, WELLINGTON , Florida 3341	14 Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as register	ed agent. I am familiar w	ith and accept the obligations of the positi gistered Agent, if changing	on.

## Check if applicable

 $\blacksquare$  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> 74</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	NATACHA ETIENNE	1706 CARRIAGE BROOKE DR
Add			WELLINGTON, FL 33414
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			<del></del>
Remove			
4) Change			
Add			
Remove			,,
5) Change			
Add			
Remove			<del></del>
6) Change		_	
Add			<del></del>
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
	· · · · · · · · · · · · · · · · · · ·
. If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares. endment if not contained in the amendment itself:
NATACHA ETIENNE NOW 100% SHAR	RES
<del></del>	

	10/01/2021	
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
<del>-</del>	/2021	
	(no more than 90 days after amendment fil	le date)
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requi- partment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	nted by the shareholders. The number of votes cast for ficient for approval.	the amendment(s)
	oved by the shareholders through voting groups. The fact voting group entitled to vote separately on the amo	
"The number of votes cast t	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selected appointe	ector, president or other officer – if directors or officers by an incorporator – if in the hands of a receiver, trust d fiduciary by that fiduciary)  NATACHA ETIENNE	
	(Typed or printed name of person signing)	
I	RESIDENT	
-	(Title of person signing)	