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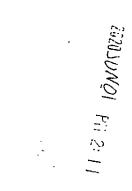
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Palmetto Bay Assisted Living Corp. DOCUMENT NUMBER: P20000035907 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Marlene Casteleiro Name of Contact Person Casteleiro Billing and Consulting Firm/ Company 1350 SW 57 Ave., #315 Address Miami, Florida 33144 City/ State and Zip Code casteleirobe@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 978-0622

Area Code & Daytime Telephone Number Marlene Casteleiro Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee \$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| Palmetto Bay Assisted Living Facility Corp. | 2020 to 41 d to 1500 5 | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--|--|
| (Name of Corporation as current | tly filed with the Florida Dept. of State) | | |
| P20000035907 | | | |
| (Document Number of | of Corporation (if known) | | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | Florida Profit Corporation adopts the following amendment(s) to | | |
| A. If amending name, enter the new name of the corporation: | | | |
| Cutler Bay Assisted Living Facility Corp. | The new | | |
| name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A. | 'company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word | | |
| B. Enter new principal office address, if applicable: | 8640 SW 185 St. | | |
| (Principal office address MUST BE A STREET ADDRESS) | Cutler Bay, Fl 33157 | | |
| | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 8640 SW 185 St. | | |
| | Cutler Bay, Fl 33157 | | |
| D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres Name of New Registered Agent | | | |
| | | | |
| (Florida st | treet address) | | |
| New Registered Office Address: | , Florida | | |
| | (City) (Zip Code) | | |
| new registered agent and/or the new registered office addres Name of New Registered Agent (Florida st | treet address), Florida | | |
| | | | |
| | | | |
| Signature of New I | Registered Agent, 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 that (IN 1) the, 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.

| X Change | PT | John Do | <u>c</u> | |
|-------------------------------|--------------|----------|-------------|---------|
| X Remove | <u>V</u> | Mike Jor | nes | |
| X Add | <u>sv</u> | Sally Sm | <u>rith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | Address |
| 1) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | |
| Remove 3) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | · |
| Add | | | | |
| Remove | | | | |
| 6) Change | | _ | | |
| Add | | | | |
| Remove | | | | |

| amending or adding additional Articles, enter change tach additional sheets, if necessary). (Be specific) | |
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| an amendment provides for an exchange, reclassificat | tion, or cancellation of issued chares |
| provisions for implementing the amendment if not con | tained in the amendment itself: |
| (if not applicable, indicate N/A) | |
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| The date of each amendmen | | , if other than the |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| date this document was signed | 1. 5-28-2020 | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | · · · · · · · · · · · · · · · · · · · |
| | • • • • • • • • • • • • • • • • • • • • | |
| Note: If the date inserted in document's effective date on | this block does not meet the applicable statutory filing requirement of State's records. | is date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/we action was not required. | are adopted by the incorporators, or board of directors without shareholder | r action and shareholder |
| | ere adopted by the shareholders. The number of votes cast for the amendr ere sufficient for approval. | nent(s) |
| | re approved by the shareholders through voting groups. The following stated for each voting group entitled to vote separately on the amendment(s): | |
| "The number of vote | s cast for the amendment(s) was/were sufficient for approval | |
| by | ;·· | |
| | (voting group) | |
| 5-28- | 2020 | |
| Dated | | |
| Signature | J. Kamen TD) | |
| <u> </u> | By a director, president or other officer - if directors or officers have not b | peen |
| S | elected, by an incorporator - if in the hands of a receiver, trustee, or other | court |
| a | ppointed fiduciary by that fiduciary) | |
| | Jose J. Kamen | tol |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |

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