## P20000040180

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SECRETARY OF STATE

12/18/20

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: LOVING HEARTS GROUP HOME, INC					
DOCUMENT NUME					
The enclosed Articles	of Amendment and fee are sub	omitted for filing.			
Please return all corres	pondence concerning this mat	ter to the following:			
	SACHA M ROSA				
		Name of Contact Person			
	LOVING HEARTS GROUP HOME INC				
		Firm/ Company			
	1099 ZINNIA ROAD				
		Address	·		
	LABELLE.FLORIDA 33935				
		City/ State and Zip Code			
	MARIEL19822010@HOTMA	AIL.COM			
	E-mail address: (to be us	ed for future annual report	notification)		
For further information concerning this matter, please call:					
SACHA M ROSA		at (	673-3094		
Name of Contact Person		Area Coo	le & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

## FILED

LOVING HEARTS GROUP HOME, INC

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(Name of Corporation as current)	v filed with the Florida Dept of State STATE
P20000040180	MULARASSES, FE
(Document Number o	f 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:	
	The new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". Inchartered," "professional association," or the abbreviation "P.A."	1 professional corporation name must contain the word
B. Enter new principal office address, if applicable:	12 KENTUCKY RD
(Principal office address MUST BE A STREET ADDRESS)	LEHIGH ACRES.FLORIDA 33936
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to	$rac{1}{2}$ with and accept the obligations of the position.
Signature of New R	egistered Agent, if changing

Check if applicable

X 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	$\overline{\text{b.L}}$	John Doe	
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>	Address
1) X Change	P	SACHA M ROSA	1099 ZINNIA ROAD
Add			LABELLE, FLORIDA 33935
Remove			
2) Change	P	RICARDA REYES	903 JUNO DRIVE
X Add			LEHIGH ACRES,FLORIDA
Remove 3) Change			33936
Add			
Remove			
4) Change	+		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Article (Attach additional sheets, if necessary).	cies, enter change(s) nere:  (Be specific)
(Much dadmonar sheets, if heeessary).	The specificy
•	
	<del></del>
<del>-</del>	
<u> </u>	
If an amandment provides for an aval	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	<u> </u>
•	

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The date of each amendment(s) a date this document was signed.	ıdoption:	, if other than
•	11/2020	
Enterve date <u>ir appreasite</u> .	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements bepartment of State's records.	this date will not be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ac action was not required.	dopted by the incorporators, or board of directors without shareho	lder action and shareholder
■ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the ame sufficient for approval.	ndment(s)
	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendment	
"The number of votes eas	t for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
DatedSignature	ablu Mi	
select	director, president or other officer – if directors or officers have ned, by an incorporator – if in the hands of a receiver, trustee, or onted fiduciary by that fiduciary)	
	SACHA M ROSA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	~

the

the