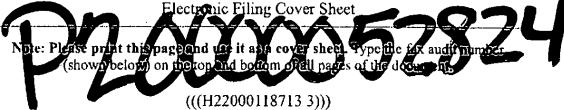
From: Luciano Puentes

3/31/22, 3:28 PM

Division of Corporations

Florida Department of State

Division of Corporations





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Fax Number : (850)617-6380

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.

Account Number : I20200000206 Phone : (305)463-6690 Fax Number : (305)463-6693

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN KIDS IN-CARE, INC

Certificate of Status	0
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Estimated Charge	\$35.00

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☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

FILED Articles of Amendment

10 Articles of Incorporation

2022 MAR 31 AM 8: 58

13054636693

	of	
KIDS IN-CARE, INC		SECRETARY OF STATE
(Name	of Corporation as currently	filed with the Florida Dept. of State)
P20000052824		····
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:	
		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "t "chartered," "professional association,"	Corp," "Inc," or "Co". A	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. <u>Enter new principal office address</u> , Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if appl	icable:	
(Mailing address MAY BE A POST	OFFICE BOX)	
		-
		· — -
 If amending the registered agent as new registered agent and/or the ne 		
	Luciano Puentes	
Name of New Registered Agent	5690 SW 72nd Ave	
	(Florida stre	at althous?
New Registered Office Address:	Miami	33142
		City) (Zip Code)
		1
New Registered Agent's Signature, if c		
nereny accept the appointment as regts.	terea agent. I am Jamiliar w	ith and accept the obligations of the position.
	Signature of New Re	gistered Agent, if changing
Chast if applies bla	v	

Example:

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:

Page: 4 of 6

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.

X Change PT John Doe X Remove <u>V</u> Mike Jones X Add \underline{SV} Sally Smith Type of Action Title Name Address (Check One) 1) ____ Change __ Add ____ Remove 2) ____ Change Add Remove 3) ____ Change ____ Add ____ Remove 4) ____ Change ____ Add __ Remove 5) ____ Change ____ Add Remove 6) _ Change ___ Add __ Remove

13054636693

Attach additional sheets, if necessary).	ticles, enter ch . (Be specific	·)				
						
						
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an amendment provides for an exc provisions for implementing the am	hange, reclass endment if no	ification, or e t contained in	cancellation the amendi	of issued sha nept itself:	res.	
(if not applicable, indicate N/A)						
					····	
						
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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file	
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing require Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sh	nareholder action and shareholde:
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for th sufficient for approval.	e amendment(s)
	pproved by the shareholders through voting groups. The folor each voting group entitled to vote separately on the amen	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
03/31/20. Dated		
selec	director, president or other officer – if directors or officers led, by an incorporator – if in the hands of a receiver, trustee inted fiduciary by that fiduciary)	
	Yuleidy Gonzalez	
	(Typed or printed name of person signing)	196 to 1964
	President	
	(Title of person signing)	