Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.

Account Number : 120200000206 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:

122 HOY 14 AM 8: 05

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

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

11/15/2022

To:

Articles of Amendment to Articles of Incorporation of

20221.07/14/07/11:36

KIDS IN-CARE, INC	
(Name of Corporation as c	currently filed with the Florida Dept. of State)
P20000052824	
(Document No	lumber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutits Articles of Incorporation:	ntes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ation:
	The new
	ntion," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word in "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u>s</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered off	fice address in Florida enter the name of the
new registered agent and/or the new registered office:	
Name of New Registered Agent	
(FI	Torida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
	• • • •
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	<u>d Agent:</u> Similiar with and accept the obligations of the position.
	. , ,
	Ola Data de Calanda
Signature o _j	of New Registered Agent, if changing
Chack if applicable	

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

To: Page: 4 of 6 2022-11-10 20:15:26 GMT 13054636693 From: Luciano Puentes

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	PT	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	Osmel Matos Lambert	7890 W 6TH AVE
Add X Remove			HIALEAH, FL 33014
2) Change Add			
Remove 3) Change			
Add Remove			
4) Change			
Remove			
5) Change			
Remove Change			
Add			
Remove			

From: Luciano Puentes

Tife date of each amendment(s) adde this document was signed.	adoption:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	block does not meet the applicable statutory filing requirements,	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without sharehold	ler action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amend sufficient for approval.	dment(s)
	oproved by the shareholders through voting groups. The following a reach voting group entitled to vote separately on the amendment(s	
"The number of votes cas	of for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(rounds groups	
11/10/202 Dated	2	
Signature	2	
select	director, president or other officer – if directors or officers have not ed, by an incorporator – if in the hands of a receiver, trustee, or oth need fiduciary by that fiduciary)	
	Yuleidy Gonzalez	
	(Typed or printed name of person signing)	***
	President	
	(Title of person signing)	