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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Prestige Community Health Inc DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Yanisbelys Soto Name of Contact Person Firm/ Company 8249 NW 36 ST, Suite 213 Address Miami, FL 33166 City/ State and Zip Code massageyani@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 ) 283-8758
Area Code & Daytime Telephone Number Yanisbelys Soto 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 Certified Copy Certificate of Status (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 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

## to Articles of Incorporation of

	(Document Number of .1006, Florida Statutes, this F	Corporation (if known)  Florida Profit Corporation adopts the follow	ving amendment(s)	) to
its Articles of Incorporation:  A. If amending name, enter the new n	ame of the cornoration:			
Tanking the second	anc or the torporation.		The new	
	Corp." "Inc," or "Co". A	ompany," or "incorporated" or the abbrevio professional corporation name must con	ution "Corp"	
B. Enter new principal office address, (Principal office address MUST BE A S				
(Frincipal tiffice address MOST DE A S	TREET ADDRESS )			
C. Enter new mailing address, if appl		<u></u>		
(Mailing address MAY BE A POST				
			<del>್ಲ್</del> ಈ ್ಲ್	
			<u></u>	
D. If amending the registered agent ar new registered agent and/or the ne		ess in Florida, enter the name of the		
Name of New Registered Agent	Yanisbelys Soto			
	8249 NW 36 ST, Suite 213		<del></del>	
	(Florida stree	et address)	—	
New Registered Office Address:	Miami	Florida 33166		
	(1	City) (Zo	ip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familiar wi	ith and accept the obligations of the position	<i>t</i> .	
Check if applicable				

 $\Box$  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>PT</u>	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
i) Change		_	 
Add			
Remove			
2) Change		_	 
Add			
Remove 3) Change			 
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			 
Add			
Remove			
6) Change		_	
Add			 
Remove			

If amending or adding Attach additional shee	ts, if necessary).	(Be specific)				
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If an amendment prov	ides for an exch	ange, reclassifica	ation, or cancell	ation of issued	shares,	
provisions for impler (if not applicable,	nenting the amer	ndment if not co	ntained in the ai	<u>nendment itsel</u>	<u>t:</u>	
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		<del></del>				-
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The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment	file date)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requartment of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adop action was not required.	nted by the incorporators, or board of directors withou	nt shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for ficient for approval.	or the amendment(s)
	oved by the shareholders through voting groups. The ach voting group entitled to vote separately on the ar	
"The number of votes cast for	or the amendment(s) was/were sufficient for approva	I
by		<del>."</del>
	(voting group)	
12/02/2020 Dated	2/1/2	
Signature		
(By a dig selected.	etor, president or other officer – if directors or office by an incorporator – if in the hands of a receiver, tru	ers have not been estee, or other court
	d fiduciary by that fiduciary)	
Y	anisbelys Soto	
_		
_	(Typed or printed name of person signing)	<del></del>

(Title of person signing)