10/15/2020

Division of Corporations

Florida Department of State Division of Companions

Betrovie Pring Cover Shee



type the fax audit number pareiand use it as a cover sheet. below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

Account Name . : ALLSTATE MEDICAL CONSULTING, INC

Account Number : I20110000067 Phone : (786)362-0124 Fax Number

: (305)675-0701

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

Email	Ad	dres	5	:
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COR AMND/RESTATE/CORRECT OR O/D RESIGN GOLDEN YEARS BEHAVIOR CENTER CORP

Certificate of Status	0
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Page Count	01
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October 21, 2020

FLORIDA DEPARTMENT OF STATE

GOLDEN YEARS BEHAVIOR CENTER CORP 12859 SW 42ND ST MIAMI, FL 33175

SUBJECT: GOLDEN YEARS BEHAVIOR CENTER CORP

REF: P20000078868

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

FAX Aud. #: H20000359124 Rebekah White Regulatory Specialist II Supervisor Letter Number: 320A00020922 Articles of Amendment to Articles of Incorporation of

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20000078868				No.		•
	(Document Numbe	r of Corporatio	n (if known)			
irsuant to the provisions of section 607:1 Articles of Incorporation:	006, Florida Statutes, th	sis <i>Florida Proj</i>	fit Corporati	on adopts the	following a	mendme
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address of each Officer (Attach additional sheet: Please note the officer/d P = President; V = Vice Executive Officer; CFO President, Treasurer, Di Changes should be note.	and/or D s. if necess lirector titl President Chief Fi irector wor d in the for aves the co	irector bo ary) e by the fit : T= Trea nancial O uld be PTI llowing ma orporation	est letter of the office title: surer: S= Secretary; D= Director; TR= Tru fficer. If an officer/director holds more than of inner. Currently John Doe is listed as the PS is, Sally Smith is named the V and S. These sh V as an Add.	istee: C = Chairman or Clerk; CEO one title, list the first letter of each offic ST and Mike Jones is listed as the V 1	™ Chief ce held. There is
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loption of Ame	endment(s) (CHECK ONE)	
The amendment action was not	it(s) was/were adopted by the incorporators, or board of directors without shareholder action and required.	sharcholder
	ot(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) olders was/were sufficient for approval.	
The amondme	nt(s) was/were approved by the shareholders through voting groups. The following statement.	20
must be separ	ately provided for each voting group entitled to vote separately on the amendment(s):	201
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i ne nui	nber of votes cast for the amendment(s) was/were sufficient for approval	ယ်
by	Andrew Transport	
	(voting group)	: <u>:</u>
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	Signature (By a director, president of other officer – if directors or officers have not been	_
•	selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
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	appointed fiduciary by that fiduciary) PEREZ MARTINEZ, GLEYS J	