

P20000085436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

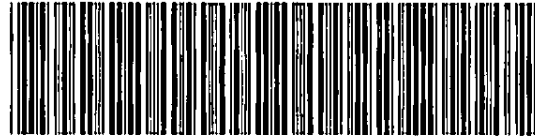
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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07/15/21--01012--007 **10.00

05/10/21--01022--016 **25.00

FILED

2021 JUL 26 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FL

Aug - 1 2021
C Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOTAL CARE FACILITIES GROUP INC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULET MCNEIL

Name of Person

TOTAL CARE FACILITIES GROUP INC

Firm/Company

5025 SW 164TH AVE

Address

MIRAMAR FL 33027

City/State and Zip Code

MCNEILJULIETL@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULET MCNEIL

954

645-3315

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 JUL 26 PM 12:51

July 15, 2021

JULIET MCNEIL
5025 SW 164TH AVE
MIRAMAR, FL 33027

SUBJECT: TOTAL CARE FACILITIES GROUP INC
Ref. Number: P20000085436

We have received your document for TOTAL CARE FACILITIES GROUP INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 021A00016349

Articles of Amendment
to
Articles of Incorporation
of

TOTAL CARE FACILITIES GROUP INC

(Same of Corporation as currently filed with the Florida Dept. of State)

P20000085436

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

2255 GLADES ROAD

STE 324A

BOCA RATON FL 33431

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2255 GLADES ROAD

STE 324A

BOCA RATON FL 33431

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent JULIET MCNEIL

2255 GLADES ROAD STE 324A

(Florida street address)

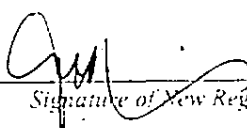
New Registered Office Address: BOCA RATON, Florida 33431

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

Check if applicable

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (1)(e), F.S.

2021 JUL 26 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FL

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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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
-----------------	-----------	-----------------

<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
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N Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
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1) <input checked="" type="checkbox"/> Change	P	JUILET MCNEIL	2255 GLADES ROAD
<input type="checkbox"/> Add			STE 324A
<input type="checkbox"/> Remove			BOCA RATON FL 33431

2) <u> X </u> Change	<u> VP </u>	<u> ORETE MCNEIL </u>	<u> 2255 GLADES ROAD </u>
<u> </u> Add			<u> STE 324A </u>
<u> </u> Remove			<u> BOCA RATON FL 33431 </u>

3) _____ Change _____
_____ Add _____
_____ Remove _____

4) ☐ Change _____

☐ Add _____

☐ Remove _____

5, Change _____

Add _____

Remove _____

6) _____ Change _____
 _____ Add _____
 _____ Remove _____

F. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

The number of votes cast for the amendment(s) was/were sufficient for approval

by _____
(voting group)

JULY 8, 2021
Dated _____

Signature _____
(By a director, president or 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)

ORETE MCNEIL

(Typed or printed name of person signing)

VP

(Title of person signing)