## P20 000090610

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORP	ORATION: KAZIE GROUP, I	NC	
DOCUMENT NU	MBER: P20000090610		
	les of Amendment and fee are sul	bmitted for filing.	
Please return all co	rrespondence concerning this mat	ter to the following:	
	OKECHUKWU AZIE/KATI	ILEEN AZIE	
		Name of Contact Person	1
	KAZIE GROUP,INC		
		Firm/ Company	
	10544 MARTINIQUE ISLE I	DRIVE	
	<del>,</del>	Address	
	TAMPA/FLORIDA/33647		
		City/ State and Zip Cod	С
	AZIEOK@YAHOO.COM		
	E-mail address: (to be us	ed for future annual report	notification)
	tion concerning this matter, pleas		420 8200
OKECHUKWU A		at (	420-8390
Nan	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made p	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
A D P	Tailing Address Imendment Section Division of Corporations I.O. Box 6327 Callahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

KAZIE GROUP, INC

V4, 42-52 3.		
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	1
P200000	090610	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the follow	ving amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must con-	ttion "Corp., tain the word
B. Enter new principal office address, if applicable:	10544 MARTINIQUE ISLE DRIVE	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	TAMPA/FLORIDA 33647	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10544 MARTINIQUE ISLE DRIVE	
	TAMPA FLORIDA 33647	
D. If any and its the revision and again and/any animonal office add	Januaria Ellanida mana Abanana Saba	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	s:	
Name of New Registered Agent		<u> </u>
(Florida st	reet address)	
New Registered Office Address:	, Florida	
	(City) (Zi <sub>i</sub>	p Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		,
. 1 11		
Signature of New F	Registered Agent, if changing	
Check if applicable		

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

address of each Office (Attach additional sheet Please note the officer/of P = President; V= Vice Executive Officer; CFO President, Treasurer, D Changes should be note	r and/or I ts, if neces, director tit e Presiden = Chief F virector wo ed in the fo- eaves the c	Director h sary) le by the f t; T= Tre linancial ( buld be P1 llowing n corporation	eing added;  irst letter of the office title;  asurer; S= Secretary; D= Directo  Officer, If an officer/director holds  D,  tanner, Currently John Doc is list  n, Sally Smith is named the V and	ch officer/director being removed and title, name, an or: TR= Trustee; C = Chairman or Clerk; CEO = Chic more than one title, list the first letter of each office held ed as the PST and Mike Jones is listed as the V. There is S. These should be noted as John Doc, PT as a Change	J L
Example: X Change	PT	John Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo			
<u>X</u> Add	<u>sv</u>	Sally Si	nith_		
Type of Action	<u>Title</u>		Name	<u>Addres</u> s	
(Check One)  1) X Change	P		DR. OK AZIE	10544 MARTINIQUE ISLE DR.	
Add		<del></del>		TAMPA, FLORIDA 33647	
Remove					
2) X Change	S		KATHLEEN AZIE	10544 MARTINIQUE ISLE DR.	
Add			-	TAMPA, FLORIDA 33647	
Remove	V		KATHLEEN AZIE	10544 MARTINIQUE ISLE DR.	
3) x Change				TAMPA, FLORIDA 33647	
Remove  4) X Change	D		KATHLEEN AZIE	10544 MARTINIQUE ISLE DR.	
Add		<del></del>		TAMPA, FLORIDA 33647	
Remove					
5) Change		_			
Add					
Remove					
6) Change	<del>.</del>				
Add					

Remove

purpose is to provide in home healh	care services exclusively as a franchisee of Right at Home, LLC."
<del></del>	
<del>-</del>	
7	
	hange, reclassification, or cancellation of issued shares,
un amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
ovisions for implementing the ame	endment if not contained in the amendment itself:
ovisions for implementing the amo	endment if not contained in the amendment itself:
ovisions for implementing the amo	endment if not contained in the amendment itself:
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ovisions for implementing the amo	endment if not contained in the amendment itself:
visions for implementing the amo	endment if not contained in the amendment itself:

The date of each amendment(s	adoption:	, if other than the
date this document was signed.	•	
Effective date <u>if applicable</u> :		
<del></del>	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not Department of State's records.	of be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and sh	areholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
bv	."	
	(voting group)	
February Dated	9, 2021	
Signature	Opeig.	
(By a selec	director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court printed fiduciary by that fiduciary)	
	Dr. Ok Azie	
	(Typed or printed name of person signing)	<u> </u>
	President	
	(Title of person signing)	