

P20000090616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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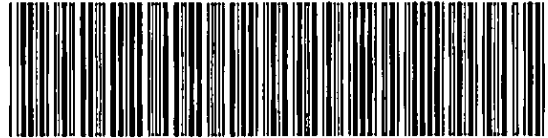
(Business Entity Name)

(Document Number)

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*Amend*

04/12/21--01019--020 \*\*43.75

FILED

2021 APR 12 AM 11:52

JUN 07 2021  
A RAMSEY

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** KAZIE GROUP, INC.

**DOCUMENT NUMBER:** P20000090610

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATHLEEN AZIE  
Name of Contact Person  
KAZIE GROUP, INC.  
Firm/ Company  
10544 Martinique Isle Drive  
Address  
TAMPA/FL 33647  
City/ State and Zip Code  
kathleenazie@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen Azie at ( 267 ) 255- 5137  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|---|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

Articles of Amendment  
to  
Articles of Incorporation  
of  
KAZIE GROUP, INC.

FILED  
2021 APR 12 AM 11:52

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

P20000090610

(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**)

10544 MARTINIQUE ISLE DRIVE

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 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* KATHLEEN AZIE

10544 MARTINIQUE ISLE DRIVE

(Florida street address)

*New Registered Office Address:* TAMPA, Florida 33647  
(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 (11) (c), 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                      PT        John Doe

X Remove                      V        Mike Jones

X Add                              SV        Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change	<u>P</u>	<u>DR. OKECHUKWU "OK" AZIE</u>	<u>10544 MARTINIQUE ISLE DR.</u>
<u>      </u> Add			<u>TAMPA, FLORIDA 33647</u>
<u>      </u> Remove			
2) <u>X</u> Change	<u>T</u>	<u>DR. OKECHUKWU "OK" AZIE</u>	<u>10544 MARTINIQUE ISLE DR.</u>
<u>      </u> Add			<u>TAMPA, FLORIDA 33647</u>
<u>      </u> Remove			<u>10544 MARTINIQUE ISLE DR.</u>
3) <u>X</u> Change	<u>V</u>	<u>KATHLEEN AZIE</u>	<u>TAMPA, FLORIDA 33647</u>
<u>      </u> Add			
<u>      </u> Remove			
4) <u>X</u> Change	<u>S</u>	<u>KATHLEEN AZIE</u>	<u>10544 MARTINIQUE ISLE DR.</u>
<u>      </u> Add			<u>TAMPA, FLORIDA 33647</u>
<u>      </u> Remove			
5) <u>      </u> Change	<u>      </u>	<u>      </u>	<u>      </u>
<u>      </u> Add			
<u>      </u> Remove			
6) <u>      </u> Change	<u>      </u>	<u>      </u>	<u>      </u>
<u>      </u> Add			
<u>      </u> Remove			

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

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

Please see the attached documents for amendments of the Articles.

ARTICLE III

THE PURPOSE IS TO PROVIDE IN HOME HEALTH CARE SERVICES IN THE STATE OF FLORIDA EXCLUSIVELY  
AS A FRANCHISEE OF RIGHT AT HOME, LLC.

ARTICLE IV

THE NUMBER OF SHARES THE CORPORATION HAS AUTHORIZED TO  
ISSUE IS 10,000 SHARES SPLIT 50/50 BETWEEN DR. OKECHUKWU "OK" AZIE (5,000 SHARES)  
AND KATHLEEN AZIE (5,000 SHARES).

**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 provision of the 10,000 shares is to be shared equally 5,000 to Dr. OKECHUKWU "OK" AZIE (P,T)

and 5,000 to KATHLEEN AZIE (V,S) as supported by the attached Certificates and IRS document

Form 2553 for Kazie Group, Inc. EIN 85-4028873.

2/1/2021

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

2/1/2021

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)

4/5/2021

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)

Dr. Okechukwu "Ok" Azie

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)