## P20000093644

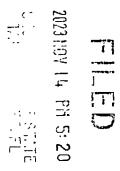
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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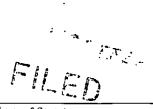
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Legacy Care Mana	gement INC		
DOCUMENT NUM	P20000093644			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	Karen Williams			
		Name of Contact Person	1	
		Firm/ Company	_ <del></del>	
	2655 North Ocean Ave #307 Address			
	Singer Island FL 33404			
	,	City/ State and Zip Code	•	
	admin@legacycaremagemen	t.com		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informat	ion concerning this matter, pleas	se call:		
Karen K Williams		at ( <sup>561</sup>	de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐ S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Iment Section In of Corporations Entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



Legacy Care Management INC

begae, care management inc		The Land
(Name of Corporatio	n as currently filed with the Florida I	Sept. of State)
220000093644		<del>-107 14 P</del> ii 5: 20
	<u> </u>	
(Docume	ent Number of Corporation (if known)	``````````````````````````````````````
ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	Statutes, this Florida Profit Corporatio	n adopts the following amendment(s)
If amending name, enter the new name of the cor	rnoration:	
	por actor.	
Business StartUP 101, INC		The new
name must he distinguishable and contain the word "con Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A professional corporation	
B. Enter new principal office address, if applicable:		
Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	v)	
). If amending the registered agent and/or registere	ed office address in Florida, enter the	name of the
new registered agent and/or the new registered o		Hame of the
Name of New Registered Agent		<del></del>
<del> </del>	(Florida street address)	
	(rioriaa sireei aaaress)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
	·	•
iew Registered Agent's Signature, if changing Regi	stered Agent:	or an angle of the second of
hereby accept the appointment as registered agent. I	am jamiliar with and accept the onliga	uons oj ine position.
_		
Signal	ture of New Registered Agent, if changi	ng ———
· ·		-
Check if applicable		

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

	lding additional Art sheets, if necessary).	(Be specific)	<u> </u>		
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			<del></del>	<del></del>	<del> </del>
				<u>.</u>	
				<u> </u>	
If an amendmen	provides for an excl	range reclassificati	on or cancellation of	of icened charec	
If an amendment	provides for an excl	hange, reclassification	on, or cancellation (	of issued shares,	
provisions for it	plementing the ame	hange, reclassification indment if not conta	on, or cancellation or sined in the amendr	of issued shares, ment itself:	
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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)

Example:

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.

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>	<u>Addres</u> s
I) Change		_	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than	90 days after amendment file date)
Note: If the date inserted in this block does not meet the application document's effective date on the Department of State's records	licable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, action was not required.	or board of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by the shareholders. So by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders to must be separately provided for each voting group entitled	
"The number of votes east for the amendment(s) was/	vere sufficient for approval
by Loren K. Willia (voling group)	~~~~~·"
Dated 9/10/2023 Signature Khullian	<u></u>
(By a director, president or other o	fficer - if directors or officers have not been
	the hands of a receiver, trustee, or other court
appointed fiduciary by that fiducia	L. Williams ed name of person signing)
(Typed or printe	ed name of person signing)
Prosia	le.n.

(Title of person signing)