

P21 00000 1860

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

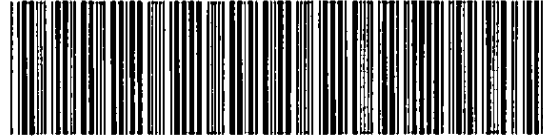
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 22 2021  
S. PRATHER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** OPTIMUM CARE INC

**DOCUMENT NUMBER:** P21000001860

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

Please return all correspondence concerning this matter to the following:

LINDA LEPORE  
Name of Contact Person  
ST. CLAIR ADVISORY GROUP, L. P.  
Firm/ Company  
615 CAPE CORAL PKWY W. SUITE 104  
Address  
CAPE CORAL, FL 33914  
City/ State and Zip Code  
LINDA@STCLAIR.GROUP  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LINDA LEPORE at ( 239 ) 540-2612  
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 checked="" type="checkbox"/> \$35 Filing Fee | <input 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

OPTIMUM CARE INC

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

P21000001860

(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:**

OPTIMUM CARE SWFL INC

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**)

3507 LEE BLV SUITE 246

LEHIGH ACRES, FL 33971

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

P.O. BOX 1492

LEHIGH ACRES, FL 33970

**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:**

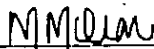
Name of New Registered Agent MELISSA MILIAN

(Florida street address)

New Registered Office Address: 1201 BUSINESS WAY #1492, LEHIGH ACRES, Florida 33970  
(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.

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TALLAHASSEE, FLORIDA

	X	P	MELISSA MILIAN	1201 BUSINESS WAY #1492
1) _____ Change				LEHIGH ACRES, FL 33970
_____ Add				
_____ Remove				
2) _____ Change				
_____ Add				
_____ Remove				
3 ) _____ Change				
_____ Add				
_____ Remove				
4) _____ Change				
_____ Add				
_____ Remove				
5) _____ Change				
_____ Add				
_____ Remove				
6) _____ Change				
_____ Add				
_____ Remove				

E. If amending or adding additional Articles, enter change(s) here:  
(Attach additional sheets, if necessary). (Be specific)

PLEASE, ADD THE EIN # FOR OPTIMUM CARE SWFL INC

EIN #: 87-2232552

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)

08/18/2021

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

08/18/2021

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)

AUGUST 18, 2021  
Dated \_\_\_\_\_

Signature M. Milian  
(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)

MELISSA MILIAN

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

PRESIDENT

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

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TALLAHASSEE, FLORIDA