## P21 000000 1860

(Requ	uestor's Name)	
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(City/	State/Zip/Phon	e #)
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Certified Copies	Certificates	s of Status
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Special Instructions to Fi	ling Officer:	

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FILED

2021 SEP 10 PM 6: 18

SECRETARY OF STATE
JALLAHAPSEE FLORIDA

SEP 2 2 2021 S. PRATHEF

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: OPTIMUM CARE	INC			
DOCUMENT NUME	D21000001960				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	LINDA LEPORE				
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	1		
	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 GETCLAID CDOUD				
	LINDA@STCLAIR.GROUP				
	E-mail address: (to be us	sed for future annual report	nonneation)		
For further information	concerning this matter, pleas	se call:			
LINDA LEPORE		at ( <sup>239</sup>	540-2612		
Name o	f 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:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to

## Articles of Incorporation

of

OPTIMUM CARE INC			75 B
(Name o	f Corporation as currently	y filed with the Florida Dept. of State)	C S
P21000001860			製品
	(Document Number of	f Corporation (if known)	35 N
Pursuant to the provisions of section 607.	1006 Florida Statutes, this	Florida Profit Cornoration adopts the fo	llowing affendment(:
its Articles of Incorporation:	1000, 1 lorida Statutes, tima i		£10 6:
A. If amending name, enter the new na	ame of the corneration:		ALE: 18
OPTIMUM CARE SWFL INC	ine of the Corporation.		<b>&gt;</b>
name must be distinguishable and contain	the word "corneration " "e	company " or "incorporated" or the abbr	The new reviation "Corp.,"
"Inc.," or Co.," or the designation "C	Corp,'' "Inc,'' or "Co". A	I professional corporation name must	contain the word
"chartered," "professional association,"	or the abbreviation "P.A."	•	
B. Enter new principal office address, if applicable:		3507 LEE BLV SUITE 246	
(Principal office address MUST BE AS	TREET ADDRESS )	LEHIGH ACRES, FL 33971	
			<u> </u>
C. Enter new mailing address, if appli	icable:	P.O. BOX 1492	
(Mailing address MAY BE A POST		F.O. BOX 1492	
		LEHIGH ACRES, FL 33970	
D. If amending the registered agent an	id/or registered office add	ress in Florida, enter the name of the	
new registered agent and/or the nev		<u>:</u>	
Name of New Registered Agent	MELISSA MILIAN		
	(Florida str	reet address)	
New Registered Office Address:	1201 BUSINESS WAY #1	1492, LEHIGH ACRES. , Florida 32	3970 
NEW REGISIEVE Office Huarem.	(City)		(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent tered agent. I am familiar	<u>::</u> with and accept the obligations of the po:	sition.
Thereby accept the approximation and accept	,		
	. 4 . 4		
	<u>NMMin</u>	Registered Agent, if changing	
	Signature of New R	tegisierea Agent, y changing	
Check if applicable			

 $\Box$  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	<u>PT</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>P</u>	MELISSA MILIAN	1201 BUSINESS WAY #1492
Add			LEHIGH ACRES, FL 33970
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			<del></del>
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 I(s) adoption:	, if other than the
date this document was signed		
Effective date if applicable:	08/18/2021	
Enterne date a appricance.	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date with the Department of State's records.	Il not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ad for each voting group entitled to vote separately on the amendment(s):	
"The number of vote:	s cast for the amendment(s) was/were sufficient for approval	. <b>T</b> .S. ≥2
by		E61
	(voting group)	FILI 2021 SEP 10 SEGRETARY NLLAHABSEI
		P IO
	JST 18, 2021	0 Y
Dated		- F
Signature	MMQUAU	ED PH 6: I
Signature	y a director, president or other officer – if directors or officers have not been	<del></del>
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court	<b>-</b> w
aj	pointed fiduciary by that fiduciary)	
	MELISSA MILIAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	