

P2100010616

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000208698 3)))



H220002086983ABC4

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
LEGACY COMMUNITY MENTAL HEALTH, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED  
2022 JUN 15 PM 4:49  
SECRETARY OF STATE  
TALLAHASSEE, FL

2022 JUN 15 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

cf 6/16/2022

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2022 JUN 15 PM 12:52

LEGACY COMMUNITY MENTAL HEALTH, INCSTATE  
FALLS CHURCH, VAFlorida Document Number: P21000010616

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

CHANGE NAME TO: LEGACY ADULT DAY CARE, INC

REMOVED: NIVIA PEREZ VALCARCEL

ADD: LISSET MELIAN ABREU ( P ) ( R.A )

CHANGE ALL ADDRESS: 6960 NW 177 ST APT N104 HIALEAH FL 33015

These articles of amendment were adopted on 06/15/2022

The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.



Signature

NIVIA PEREZ VALCARCEL ( P ) ( R.A )

Printed Name and Title

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