

**P21000214580**

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.**

((H21000114242 3)))



H210001142423ABCR

**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: \_\_\_\_\_

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
MAR 23 2021 PM 3:05  
ED

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
PLATIUM HEALTH CARE INC**

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

Articles of Amendment  
to  
Articles of Incorporation  
of

PLATINUM HEALTH CARE INC

Florida Document Number: P210000 14580

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

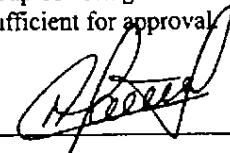
CHANGE ALL ADDRESSES TO :

590 E 10th AVE HIALEAH, FL 33010

2021 MAR 22 PM 3:05  
CLERK OF STATE  
TALLAHASSEE, FL  
EID

These articles of amendment were adopted on \_\_\_\_\_

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.

X 

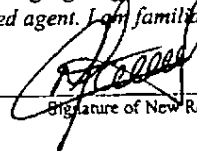
Signature

MANUEL FROILAN ROBAINA

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