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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

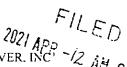
TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GOOD SAMA	ARTAN CARE GIVER, INC	
DOCUMENT NUMBER: P21000017006		
The enclosed Articles of Amendment and fee a	re submitted for filing.	
Please return all correspondence concerning this	is matter to the following:	
	MARIE CARMELLE ROBE	ERT
	Name of Contact Person	1
	Firm/ Company	
10757 S. PRESERVE W		
	Address	
MIRAMAR, FLORIDA		_
	City/ State and Zip Code	•
PLANABIZ@AOL.CO		
E-mail address: (to	be used for future annual report	notification)
For further information concerning this matter,	please call:	
MARIE CARMELLE ROBERT	at (⁹⁵⁴) 668 5958
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount n	nade payable to the Florida Depa	artment of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stat		\$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, Ft. 32314	Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to



Articles of Incorporation of 2021 App GOOD SAMARTAN CARE GIVER, INC 2/1/19 Q. (Name of Corporation as currently filed with the Florida Dept. of State) 49

P21000017006

it(s) to

	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Fl	orida Profit Corporation	r adopts the following amendmer
A. If amending name, enter the new na	me of the corporation:		
GOOD SAMARITA	N CARE GIVERS, INC		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C"chartered," "professional association,"	orp," "Inc," or "Co". A	mpany," or "incorporate professional corporation	d" or the abbreviation "Corp.,"
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if applia (Mailing address MAY BE A POST)			
D. If amending the registered agent an		ss in Florida, enter the r	name of the
new registered agent and/or the nev	MARIE CARMELLE ROBI	ERT	
Name of New Registered Agent			
	10757 S. PRESERVE WAY (Florida stree		
	MIRAMAR	; aaaress)	33025
New Registered Office Address:		ity)	Florida(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	ered agent. I am familiar wi	th and accept the obligati	

Check if applicable

 \square The amendment(s) is/arc being filed pursuant to s. 607.0120 (11) (e). 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 Do	o <u>c</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sh	ing additional Articles, enter change(s) here: eets, if necessary). (Be specific)
ASE CORRECT N	AME OF CORPORATION ALONG WITH CORRECTION OF REGISTERED AGENT
provisions for imp	rovides for an exchange, reclassification, or cancellation of issued shares, lementing the amendment if not contained in the amendment itself: ele. indicate N/A)

APRIL 8 2021 The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
APRIL 8 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 redocument's effective date on the Department of State's records.	not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and s action was not required.	hareholder
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)	
Signature (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) MARIE CARMELLE ROBERT	_
(Typed or printed name of person signing)	
CEO/PRESIDENT	
(Title of person signing)	·