P210000441717

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration to Filling Officer
Special Instructions to Filing Officer:

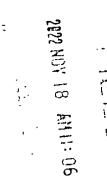
Office Use Only



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11.18/02--010:2--011 **25.55



A. RAMSEY FEB 1 3 2023 COVER LETTER.

TO: Amendment Section

Division of Corporations

_	
NAME OF CORPORATION:	Brothers Nursing Care
DOCUMENT NUMBER: P210	Brothers Nursing Care
The enclosed Articles of Amendment and fee are su	
Please return all correspondence concerning this ma	atter to the following:
mercedes	Benicia Morales Medina
·	Name of Contact Person
Jean B	rothers Dursing Care Firm Company
	Firm/ Company
15523	SW 107 Th T Address
	Address
miami	City/ State and Zip Code
	City/ State and Zap Code
	ina 2017@yahoo.com
	sed for future annual report notification)
2 400.0 (40 00	
For further information concerning this matter, plea	an call:
ror turther information concerning this matter, piear	se can.
Mercedes Benicia Morales M	Neding at (786, 803 2679
Name of Contact Person	Area Code & Daytime Telephone Number
Carlored in a short for the fellowing amount and	
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
rananassee, i E 32317	Tallahassee, FL 32303

Articles of Amendment

to Articles of Incorporation

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Jean Brothers Nurs	└─ <i>U</i>
	filed with the Florida Dept. of State)
P21000044177	4
(Document Number of	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	N/A
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	\mathcal{N}/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address: Name of New Registered Agent New Registered Agent	ss in Florida, enter the name of the
(Florida stree	ot address)
11/0	
THE TREE ISTERICT OF THE TREE TO THE TREE	, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position. Sistered Agent, if changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 607 0120 (11) (e.) #C

Executive Officer; CFO = President, Treasurer, Dir Changes should be noted	Chief Fi ector wor in the for ves the co	inancial Officer. If an officer/ uld be PTD. llowing manner. Currently Jo orporation, Sally Smith is nan	director holds more than o thn Doe is listed as the P.	istee; C = Chairman or Clerk; CEO: one title, list the first letter of each offic ST and Mike Jones is listed as the V. I would be noted us John Doe, PT us a C
Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change		YaneT K	livero Morales	15523 SW 107th Miami, FL, 33157
Add				Miami, FL, 33157
Remove				
2) Change				
Add				
Remove Change				
Add				
Remove				
4) Change			 	
Add				
Remove				
5) Change			 	
Add				
Remove				
6) Change	 -	_		
Add				
Remove				

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nan

address of each Officer and/or Director being added:

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

E. If amending or adding additional Articles, enter change(s) here (Attach additional sheets, if necessary). (Be specific)	
N/A	1
N/A	
· · · · · · · · · · · · · · · · · · ·	
	1
 	
	-
If an amandment receives for an archange realessification on	annellation of issued shares
 If an amendment provides for an exchange, reclassification, or provisions for implementing the amendment if not contained i 	n the amendment itself:
(if not applicable, indicate N/A)	
N/A	
	_
	
	

The date of each amendment(s) adoption:	, if other than the
11/14/2022	
Effective date if applicable:	after amendment file date)
Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of action was not required.	directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The numb by the shareholders was/were sufficient for approval.	er of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through v must be separately provided for each voting group entitled to vote se	
"The number of votes cast for the amendment(s) was/were suff	icient for approval
by	<u></u> ,
(voting group)	
Dated 11/14/2022	
Signature L	
(By a director, president or other officer – if selected, by an incorporator – if in the hand appointed fiduciary by that fiduciary)	1
Mercedes Be	epicia Morales Medina
(Typed or printed name of	of person signing)
President	
(Title of person signing)	