## 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.

(((H22000194838 3)))



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 : 120000000019 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 \*\* annual report mailings. Enter only one email address please \*\*

Email Address:\_\_\_

## COR AMND/RESTATE/CORRECT OR O/D RESIGN LIFECARE MED INC

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

sess o nul

D COMMENT

Electronic Filing Menu

Corporate Filing Menu

Help

TEMMOD G

2202 / 0 NUL

## Articles of Amendment

to

## **Articles of Incorporation**

of

LiFe CARE MEDINC
Florida Document Number: P21000047249
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:
Remove - Youndays Tonnes
BLANCO
ADD - RAMON BATISTA ALFONSO (P. RA)
SEC#
11595 Kelly RoAd - SUITE 105
Font Myens, FL 33908
12/20
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 cost for amendment was sufficient for approval.
A TO
YOANdrys Tornes (P) 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.

RAMON BATISTA ALTONSO (R.A)

Signature of New Registered Agent of Changing