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2021 JUL 23 PH 3: 32

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: CAREGIVERS OF MIAMI INC. DOCUMENT NUMBER: 100370059301 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DAMARI AYDAR Name of Contact Person CARE GIVERS OF MIAMI INC. 25011 SW 120 PLACE Address HOMESTEAD IFL. 33032
City/State and Zip Code CAREGIVERS OF MIAMI @ GMAIL . COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DAMACI AYBAR
Name of Contact Person at (305) 763-3314 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

CAREGIUES	-S OF 1	MIAMI II	NC.		
(Name o	f Corporation as cu	rrently filed with	the Florida Dept.	of State)	
10037008	9301				
	(Document Nun	nber of Corporation	on (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	006, Florida Statutes	s, this <i>Florida Pro</i>	fit Corporation ad	opts the following	g amendment(s) to
A. If amending name, enter the new na	me of the corporation	on:			
					_The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Ce	o". A profession	or "incorporated" e ual corporation na	or the abbreviatio me-must-contain	on "Corp.," u the word
B. Enter new principal office address, i (Principal office address MUST BE A ST					
				_	
C. Enter new mailing address, if appli-	eable:			- , ,	
(Mailing address MAY BE A POST C					
					
D. If amending the registered agent an new registered agent and/or the new	d/or registered office	e address in Flor Idress:	ida, enter the nam	e of the	
Name of New Registered Agent	LISANDRA	Moreso	4		_
	LISANDRA 10121 SW (Flor	35 FER .	Miami, FL.	33165	-
New Registered Office Address:				Florida	
		(City)		(Zip C	Zode)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	nanging Registered a	Agent: ailiar with and acc	ent the oblivations	of the position.	
THE CONTRACTOR OF THE SECOND STATES OF THE SECOND S	ALD		.,	··, ···· , ·······	
ϵ					
	Signature of V	New Registered As	gent, if changing		2021 July 2
Check if applicable					[=:
☐ The amendment(s) is/are being filed pu	irsuant to s. 607.0120) (11) (e), F.S.			23

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	DAMARI AYBAR	25011 SW 170 PL.
Add			HOMESHAD, FI. 3303
X Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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<u>f an amendment provi</u>	<u>ides for an excl</u>	hange, reclassific	ation, or cance	llation of issued	shares,	
provisions for implem (if not applicable, i	enting the ame	endment if not co	intained in the	amendment itse	<u>II:</u>	
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Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	The date of each amendment(s) adoption:	July 19	,2021	, if other than th
**Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the locument's effective date on the Department of State's records. **Moption of Amendment(s) (CHECK ONE)* The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. 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	date this document was signed.	,		
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DAMARI AYDAR				
(Typed or printed name of person signing)	appointed fiduciary	by that fiduciary)		
(Typed or printed name of person signing)	Dam	Ani Aybo	70_	
		Typed or printed n	ame of person signing)	
President	Pre	sident		
(Title of person signing)		Fitle of person sign	 ning)	