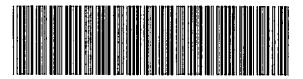
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FLAME	NGO HOMECARE COMPANION INC.
DOCUMENT NUMBER: P2100009704	
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
ROBERT RETTIG	
	Name of Contact Person
.	Firm/ Company
8839 VIA AVELLI	NO
	Address
LAKE WORTH, F	·····
	City/ State and Zip Code
Robretcpa@aol.cor	n
E-mail address	: (to be used for future annual report notification)
For further information concerning this ma	atter, please call:
Robert Rettig	at (917) 846-7636 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	unt made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

2021 HOV 22 DH 1. CO

	0	(Name of Co	orporation as cu	rrently filed with the Fl	orida Deptof State)
<u>P2100407</u> 045	1/21	0 A 00	97004	5	TALL Michael Co
			(Document Nur	nber of Corporation (if kr	nown)
oursuant to the pro	ovisions of s	ection 607.1006	5, Florida Statute:	s, this <i>Florida Profit Cor</i>	poration adopts the following amendmen
ts Articles of Inco					
A. If amending r	iame, enter	the new name	of the corporati	on:	
	11	/ A)			Thenew_
ame must be dist	inguishable a	nd contain the	word "corporation	on," "company," or "inco	orporated" or the abbreviation "Corp. "
The.," or Co.," chartered " "nr	or the desig	gnation "Corp. sociation" or t	" "Inc." or "C he abbreviation"	o". A professional cor p .a	poration name must contain the word
•	•			1/1	
3. <u>Enter new pr</u> Principal office i			oplicable: 'ET ADDRESS')	10/10	
	<u> </u>		, , , , , , , , , , , , , , , , , , ,		
* * .				// .	
C. Enter new m		ss, il applicabl A POST OFF		NA	
— (эташиу аааг	ess <u>man be</u>	ZITUST OFF	ICE DUA	<u> </u>	
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(Stating daar	ess <u>mat be</u>	<u> </u>	ica vox		
). <u>If amending t</u>	he registere	d agent and/or	registered offic	e address in Florida, en	ter the name of the
). <u>If amending t</u>	he registere	d agent and/or			ter the name of the
D. <u>If amending t</u> new registere	he registere	d agent and/or or the new reg	registered offic		ter the name of the
D. <u>If amending t</u> new registere	he registere d agent and	d agent and/or or the new reg	registered offic		ter the name of the
D. <u>If amending t</u> new registere	he registere d agent and	d agent and/or or the new reg	registered office ac		ter the name of the
). <u>If amending to new registere</u> <u>Name of</u>	he registere d agent and	d agent and/or for the new reg red Agent	registered office ac	ldress:	ter the name of the
). <u>If amending to new registere</u> <u>Name of</u>	<u>he registere</u> d agent and <u>New Register</u>	d agent and/or for the new reg red Agent	registered office ac	ldress:	
). <u>If amending to new registere</u> <u>Name of</u>	<u>he registere</u> d agent and <u>New Register</u>	d agent and/or for the new reg red Agent	registered office ac	ida street address)	Florida
D. <u>If amending to new registers</u> <u>Name of New Region</u>	he registere d agent and New Register	d agent and/or for the new reg red Agent	registered office ac	ida street address) (City)	Florida
D. If amending to new registere Name of New Registered American Sew Registere	he registered d agent and New Register istered Office	d agent and/or for the new reg red Agent	registered office ace	ida street address) (City) Agent:	Florida
D. If amending to new registere Name of New Registered American Sew Registere	he registered d agent and New Register istered Office	d agent and/or for the new reg red Agent	registered office ace	ida street address) (City) Agent:	Florida (Zip Code)
D. If amending to new registere Name of New Registered American Sew Registere	he registered d agent and New Register istered Office	d agent and/or or the new reg red Agent Address: ature, if chang it as registered	registered office ace of the control	ida street address) (City) Agent: niliar with and accept the	Florida (Zip Code) obligations of the position.
D. If amending to new registere Name of New Registered American Sew Registere	he registered d agent and New Register istered Office	d agent and/or or the new reg red Agent Address: ature, if chang it as registered	registered office ace of the control	ida street address) (City) Agent:	Florida (Zip Code) obligations of the position.

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> <u>John</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PRESID	ROBERT RETTIG	8839 VIA AVELLINO
Add			LAKE WORTH, FL 33467
X Remove			
2) Change	PRESID	CRAIG FRIED	8839 VIA AVELLINO
X Add			LAKE WORTH, FLA 33467
Remove 3) Change	<u></u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
ty noi appricable, matetae 1974)
N/A

NOVEMBER 10, 2021 The date of each amendment(s) adoption: if other than the date this document was signed. **NOVEMBER 10, 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 not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(5) (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 east for the amendment(s) was/were sufficient for approval (voting group) 11/17/21 Dated 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) (Typed or printed name of person signing)