P220000 27212

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COVER LETTER -

Division of Corporations Women Inspiring Women NAME OF CORPORATION: __ P22000027212 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sonia Becerra Name of Contact Person **Swyft Filings** Firm/ Company 3 Greenway Plaza #1320 Address Houston, TX 77046 City/ State and Zip Code lindahagan@manateeins.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 877 777-0450

Area Code & Daytime Telephone Number Sonia Becerra

Name of Contact Person

Area Code & Daytime Telephone

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$\overline{X}\$ \$35 Filing Fee \$\overline{\text{S43.75 Filing Fee}}\$ \$\overline{\text{Certificate of Status}}\$ \$\overline{\text{Certi

Mailing Address

TO: Amendment Section

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 tο Articles of Incorporation

MANATEE MEDICARE AND MORE INC

(Name of Corporation as currently filed with the Florida Dept. of State) P22000027212 (Document Number of Corporation (if known) ent(s) to

Women Inspiring Woname must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "protessional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable:	company," or "incorporated" A professional corporation i	The r. or the abbreviation "Cog
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "protessional association," or the abbreviation "P.A.	A professional corporation i	or the abbreviation, "Com
B. Enter new principal office address, if applicable:		name must contain the m
Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		2.
	····	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent		
tFlorida sa	reet address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
and Davidson of Assact Standard Wakes of Davids and Assact		
ew Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar	<u>0</u> with and accept the obligation	is of the position.

Check if applicable

☐ The amendment(s) is/are 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)

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> P7</u>	<u>John D</u>	loe		
\underline{X} Remove	<u>v.</u>	Mike Jo	ones.		
X Add	\underline{SV}	Şally S	<u>mith</u>		
<u>Eype of Action</u> 'Check One)	Title		Name	<u>Addres</u> s	
l i Change	<u></u>	_			
Add					
Remove				2023 HAR	
2) Change		_			 ن
Add					
Remove Change					1
Add				<u> </u>	PLE
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove				1) 200	
6) Change		_			
A.id					
Remove					

amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)		
		
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an amendment provides for an exchange, reclassification, or cancellation of issued shares,		
rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
(y 100 4 /7 10 10 10 10 10 10 10 10 10 10 10 10 10		
<u></u>		

The date of each amendment(s) adoption: _	02/13/2023	, if other than the
date this document was signed.		
Effective date if applicable:	3-1-2023	
enective date <u>if applicable</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will of State's records.	not be listed as the
Adoption of Amendment(s) (<u>G</u>	CHECK ONE)	
The amendment(s) was were adopted by the action was not required	ne incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number of votes east for the amendment(s) or approval.	
	the shareholders through voting groups. The following statement ag group entitled to vote separately on the amendmentiss:	
"The number of votes cast for the an	nendment(s) was-were sufficient for approval	F ₹ 1 2023 HAR
p	oting group)	
()	oling group)	1 ==
Dated 2-15-2	023	P II
Signature (Braidirector pr	left Salar esident or other officer - if directors or officers have not been	
selected, by an ir	ecorporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary)	
L	(Typed or printed name of person signing)	.
	\circ	
	Title of person signing)	