P22000027508

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2022 ATR 18 PH 2: 05

A. BUTLER APR 1 8 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: REBORN HEALTH	CARE INC.	
DOCUMENT NUMB	ER: P22000027508		
	f Amendment and fee are sub	mitted for filing.	
	ondence concerning this mat		
Ī	LUIS E BRETONES		
_		Name of Contact Person	
i	REBORN HEALTH CARE II	NC.	
_		Firm/ Company	
	14441 SW 268TH ST APT 20	•	
-	<u> </u>	Address	
i	HOMESTEAD, FL 33032		
-		City/ State and Zip Code	:
!	PADRONFINANCIALCORE	@GMAIL.COM	
-		ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
LUIS E BRETONES		at (767 9101
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address indment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division The Co 2415	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

REBORN HEALTH CARE INC.

2022 APR 18 PM 2: 16

(Name of Corpora	ation as currently filed with the Florida Dep	Cof State) OF STATE
P22000027508	IAI	-LAHAUSEE, FI
(Doc	ument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this Florida Profit Corporation a	dopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abb	ic," or "Co". A professional corporation i	or the abbreviation "Corp.," name must contain the word
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.	ble: DDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX</u>)	
D. If amending the registered agent and/or registered agent and/or the new registered	stered office address in Florida, enter the na ed office address:	ame of the
Name of New Registered Agent		
<u> </u>		
	(Florida street address)	
New Registered Office Address:		_, Florida
	(City)	(Elp Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: nt. I am familiar with and accept the obligation	ons of the position.
Si	ignuture of New Registered Agent, if changing	
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)

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	P	LUIS E BRETONES	14441 SW 268TH ST APT 207
Add			HOMESTEAD, FL 33032
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

				_
e, reclassification, o	or cancellatio	on of issued sha	ares,	
ent il not containe	n tu tue niner	ndinent tisen.		
			. <u> </u>	
		 _		
	nent if not contained	ent if not contained in the ame	nent if not contained in the amendment Itself:	e, reclassification, or cancellation of issued shares, nent if not contained in the amendment Itself:

•

	04/15/2022	20 1 1 1
The date of each amendment		, if other than the
date this document was signed.		
ver at a day if and the block	03/29/2022	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in t document's effective date on the	this block does not meet the applicable statutory filing requirements, this date will be be be because of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareholder action and	l shareholder
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.	
☐ The amendment(s) was/wei must be separately provide	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
LUIS E BRETON	NES"	
by	(voting group)	
04/15.	/2022	
Dated		
Signature	Bus	
(E	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	LUIS E BRETONES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	