

P22000040065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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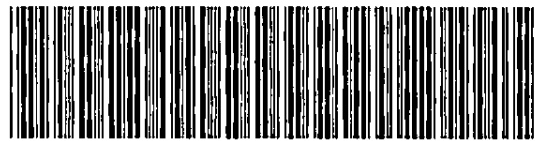
(Business Entity Name)

(Document Number)

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09/28/22--01023--020 **35.00

2022 SEP 29 10:00 AM

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PATIENT CARE NURSING SERVICES INC

DOCUMENT NUMBER: P22000040065

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA E RUIZ

Name of Contact Person

L. & M ACCOUNTING SERVICES INC

Firm/ Company

7750 SW 117TH AVE SUITE 203

Address

MIAMI FLORIDA 33183

City/ State and Zip Code

MARIAQUIROS9@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA E RUIZ

at (305)

595-2407

Name of Contact Person

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 &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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

PATIENT CARE NURSING SERVICES INC

P22000040065

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

SECRET 100-7707

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>MONICA E PALACIO 1%</u>	<u>15802 SW 79 TERRACE</u>
<input type="checkbox"/> Add			<u>MIAMI FLORIDA 33193</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>VP</u>	<u>Fabrizia J. Palacios Montenegro 49.52</u>	<u>15802 SW 79 TERRACE</u>
<input type="checkbox"/> Add			<u>MIAMI FLORIDA 33193</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>TREA</u>	<u>Sandra C. Palacios Montenegro 49.52</u>	<u>CALLE 16A#13-22 B/LA JULIA</u>
<input checked="" type="checkbox"/> Add			<u>MONERIA CORDOBA</u>
<input type="checkbox"/> Remove			<u>COLOMBIA S.A</u>
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

F. If amending or adding additional Articles, enter change(s) here:

(Attach *additional sheets, if necessary*). (Be specific)

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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)

The date of each amendment(s) adoption: 9/20/2022, if other than the date this document was signed.

Effective date if applicable: 10/15/2022
(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.

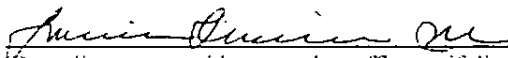
Adoption of Amendment(s) (CHECK ONE)

- ☒ 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 _____
(voting group)

Dated 9/20/2022

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)

Monica Palacios
(Typed or printed name of person signing)

President
(Title of person signing)

2022 SEP 20 11:43:00