P22000070690

(Requestor's Name)
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(City/State/Zip/Phone #)
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JUN 25 S. PRATHER

COVER LETTER

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TO: Amendment Section

Division of Corporations

NAME OF CORPO	RATION: SANCHE'Z SERV	ICES CARE CORP	
DOCUMENT NUM	P22000070690		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	YOANIA SANCHEZ RODR	IGUEZ	
		Name of Contact Persor	1
	SANCHE'Z SERVICES CAR	RE CORP	
		Firm/ Company	
	6239 W FLAGLER ST APT	12	
		Address	
	MIAMI FL 33144		
		City/ State and Zip Code	2
	SYOANIA@GMAIL.COM		
	-	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
YOANIA SANCHEZ RODRIGUEZ		at (305	3161093
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

· Tallahassee, FL 32303

Articles of Amendment	75.		
to	=	202	
Articles of Incorporation of		-41 	
	.	2024 MAY	
SANCHEZ SERVICES CARE CORP	177		
(Name of Corporation as currently filed with the Florida Dept. of State)		4-	7
P22000070690		PH	• -
(Document Number of Corporation (if known)	- 1975 T	ن	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the folloits Articles of Incorporation:	wing amer	c⊓ ndment	i(s) to
A. If amending name, enter the new name of the corporation:			
SANCHE'Z INSURANCE SERVICES CARE CORP	The		
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrew. "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must cor "chartered," "professional association," or the abbreviation "P.A."	iation "Co	new orp.," word	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		_	
C. 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent		_	
(Florida street address)			
New Registered Office Address:, Florida,			
(City)	Zip Code)		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	9 1 1.		
Signature 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)

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>	Address
1) Change		<u> </u>	
Add			
Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
	
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If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:

The date of each amendment(s	05/07/2024) adoption:	, if other than the
date this document was signed.		
	15/07/2024	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement ement
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	<u>."</u>	
	(voting group)	
05/07/2 Dated	024	
Signature	Jan J.	
scle	a director, president or other officer – if directors or officers have not be cted, by an incorporator – if in the hands of a receiver, trustee, or other of ointed fiduciary by that fiduciary)	
	YOANIA SANCHEZ RODRIGUEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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