Paa000071678

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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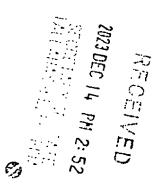
Office Use Only



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A. RALICTY DEC -/52023

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com



ORDER FORM

TO Florida Department of State

FROM

Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810

850.656.7953

Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

REQUEST DATE 12/14/2023

PRIORITY ; Regular Approval

OUR REF_#_(Order_ID#) 1211725

ORDER ENTITY

GREENLIFE HEALTHCARE STAFFING, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

GREENLIFE HEALTHCARE STAFFING, INC. (FL)

File the attached amendment and provide a certified copy.

NOTES:

\$43.75 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, December 14, 2023 Page 1 of 1

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2023 DEC 14 AM 10: 36

Articles of Amendment to

	to Articles of Incorporation	TALY TURK!
	of	
	Greenlife Healthcare Staffing, Inc.	
(Name of Co	rporation as currently filed with the Florida De	pt. of State)
	P22000071678	
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	6, Florida Statutes, this Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new name	of the corporation:	
Greenlife HS, Inc.		The new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Corp. "chartered," "professional association," or t	word "corporation," "company," or "incorporate " "Inc," or "Co". A professional corporation he abbreviation "P.A."	I" or the abbreviation "Corp.," name must contain the word
B. Enter new principal office address. If a principal office address MUST BE A STRE		
C. Enter new mailing address, if annileab (Mailing address MAY BE A POST OF) D. If amending the registered agent and/onew registered agent and/or the new re-	r registered office address in Florida, enter the	name of the
Name of New Registered Agent		
_	(Florida street address)	
New Registered Oppoe Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if char I hereby accept the appointment as registere	n.in Registered Agent: d agent. I am familiar with and accept the obligation Signature of New Registered Agent, if change	

Check if applicable

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

PT

John Doc

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 Y. 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, Y as Remove, and Sally Smith, SV as an Add. Example:

X Change	PI	Iohn Doc	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Addres:
l) Change			
Add			
Remove			***************************************
2) Change			
Add			-
Remove 3) Change			
Add			
Remove			_
4) Change			
Add			-
Remove			
5) Change			
Add			
Remove			
6) Change		production of the community of the commu	
Add			
Remove			

	ending or adding additional Articles, enter change(s) here: a additional sheets, if necessary). (Be specific)
_	
_	
_	
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	the form are bonus reclassification or cancellation of issued shares.
F. <u>If a</u>	n amendment provides for an exchange, reclassification, or cancellation of issued shares,
F. If a	and some for implementing the amendment if the concentre in the concentre
F. <u>Ua</u>	n amendment provides for an exchange, reclassification, or cancellation of issued shares, policious for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate N/A)
F. If a	and some for implementing the amendment if the concentre in the concentre
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F. If a	(If not applicable, indicate N/A)
F. If a	(If not applicable, indicate N/A)
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F. If a	(If not applicable, indicate N/A)
F. If a	(If not applicable, indicate N/A)
F. If a	(If not applicable, indicate N/A)
F. If a	(If not applicable, indicate N/A)

The date of each amendment(s) adoption; date this document was signed.		if other than the
cince this document was agreed.		
Effective date if applicable:		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this block does no document's effective date on the Department of	t meet the applicable statutory filing require state's records.	ements, this date will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)	
The amendment(s) was/were adopted by the action was not required.	ncorporators, or board of directors without s	hareholder action and shareholder
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	chareholders. The number of votes cast for t pproval.	he amendment(s)
The amendment(s) was/were approved by the must be reparately provided for each voting	shareholders through voting groups. The fogroup entitled to vote separately on the ame	illowing statement ndment(s):
"The number of votes cast for the ame	dment(s) was/were sufficient for approval	
by(vol		
(vol	ng group)	
Dated December 14, 2	023	
Signature	Comillo Carris	
(By a director, pres selected, by an inc appointed fiduciar	ident by other officer – if directors or officer orporator – if in the hands of a receiver, trust by that fiduciary)	s have not been ee, or other court
	Jenille Harris	
	(Typed or printed name of person signing)	
	Chief Executive Officer	
• • • • • • • • • • • • • • • • • • •	(Title of person signing)	