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Certified Copies	Certificates	of Status
		
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	атіом: <u>Delicate St</u>	eps, Inc.	
DOCUMENT NUMBI	er: <u>P2300000</u>	1554	
The enclosed <i>Articles o</i>	f Amendment and fee are sul	bmitted for filing.	
Please return all corresp	condence concerning this ma	tter to the following:	
د	JoAnn Rivera De	ECICCO Name of Contact Pers	on
]	Delicate Steps, I	nc. Firm/ Company	
يا.	591 SW Sadwick	• •	
	Port St Lucie. FL	. 34953	
-		City/ State and Zip Co	ode
<u>.</u>	DSI@DelicateSt E-mail address: (to be us	eps.com ed for future annual repo	ort notification)
For further information	concerning this matter, pleas	se call:	
JoAnn Rivera		at (<u>561</u>	667 - 4854
	Contact Person		Code & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida 126	epartment 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)
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Ame Divis The	et Address Induction Induction of Corporations Centre of Tallahassee In N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

10

Delicate Ste	eps. Inc.	
(Name of Corporation as currently f		
P2300000)1554	
(Document Number of C	orporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amend	ment(s)
A. If amending name, enter the new name of the corporation:		
	The n	
name must be distinguishable and contain the word "corporation," "con "lnc.," or Co.," or the designation "Corp," "lnc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	rpany, or "incorporated" or the abbreviation "Corporation name must contain the wa	n, ord
C. Enter new mailing address, if applicable:		- -
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		-
	23	·
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	*
	۳. ح.	
Name of New Registered Agent	<u> </u>	

New Registered Office Address:

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.

Signature of New Registered Agent, if changing	

(l'Iorida street address)

(Cin)

, Florida_

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: <u>X</u> Change	PT John I	<u> </u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Salty</u> :	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change	LRBT	Apply Basic Ability to Care, LLC	1634 SE Seashore Lane
Add			Port St Lucie, FL 34983
X Remove			
2) Change	LRBT	Ultimate Quality Care, LLC	6809 NW Garbett Street
Add			Port St Lucie, FL 34983
X Remove 3) Change	OM.	Build-A-Loon, LLC	951 Fra Mar Place, Apt A
Add			Fort Pierce, FL 34982
X Remove			e
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			·

(Attach additional sheets, if necessary).	icles, enter change(s) here:
, , , , , , , , , , , , , , , , , , , ,	(Be specific)
	
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	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	
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The date of each amendment(s) adoption:	01 / 01 / 2023	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	01/01/2023	
— 	(no more than 90 days after amendment file	e date)
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requir of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
■ The amendment(s) was/were adopted by t action was not required.	he incorporators, or board of directors without s	hareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient f	he shareholders. The number of votes cast for to or approval.	he amendment(s)
	the shareholders through voting groups. The foing group entitled to vote separately on the ame	
"The number of votes cast for the ar	nendment(s) was/were sufficient for approval	
by		
(oting group)	
selected, by an i	resident or other officer – if directors or officers accorporator – if in the hands of a receiver, trusted ary by that fiduciary)	
AoL	n Rivera DeCicco (Typed or printed name of person signing)	
CEC	(Title of person signing)	