P23000002352

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DEC II AH 9: 4:

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COL	RPORATION: HORIZON WEST	HEATHCARE INC		
	UMBER: P23000002352			
The enclosed Art	icles of Amendment and fee are su	bmitted for filing.		
Please return all	correspondence concerning this ma	tter to the following:		
	NADER JAMALEDDINE			
		Name of Contact Person	n	
	HORIZON WEST HEALTH	CARE INC		
		Firm/ Company		
	10830 LEMON LAKE BLVI)		
		Address		
	ORLANDO, FL 32836			
		City/ State and Zip Cod	· ·	
	HORIZONWESTHEALTHC	'ARE@GMAIL.COM		
		sed for future annual report	notification)	
For further infore	nation concerning this matter, pleas	se call:		
NADER JAMALEDDINE		at (<u>407</u>) 484-8222	
N	ame of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a che	ek for the following amount made	payable to the Florida Dep	artment of State:	
■ \$35 Filing Fe	ee □\$43.75 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)	
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		

Articles of Amendment to Articles of Incorporation of

FILED

(<u>Name</u>	of Corporation as curren	ntly filed with the Florida Dept. of State Aff 9: 45
P23000002352	SEC	
	(Document Number	of Corporation (if known) TALL SIE, EL
Pursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new n	ame of the corporation:	
Iorizon West Healthcare Inc		The new
	Corp, " "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
Rotar now principal affice address	if annlicables	N/A
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		
2. Enter new mailing address, if appl	icable:	N/A
(Mailing address <u>MAY BE A POST</u>		IN/A
new registered agent and/or the ne		dress in Florida, enter the name of the
Name of New Registered Agent	N/A	
Name of New Registered Agent		
	(Florida s	street address)
New Registered Office Address:	N/A	C1; 1.
New Registerea Office Adaress:	*	. Florida /City) /Zip Code)
lew Registered Agent's Signature, if c		nt: r with and accept the obligations of the position.
поссту ассерь те арронишень их regis.	стей адет гат јатиш	мин ини ассерь те обидацовь ој те ромион.
	Signature of New	Registered Agent, if changing

Check if applicable

Horizon West Heathcare Inc.

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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jor	nes	
X Add	<u>8V</u>	Sally Sn	<u>uith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) N/A Change		_		
Add				
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				<u> </u>
Remove				
6) Change		_		
Add				
Remove				

VA	onal sheets, if nece	ssary). (Be spec	:ific)			
W/X						
	_				<u></u>	, <u>-</u>
-						<u> </u>
_ -						
			 ·			·
	. =					
				 		
·		<u> </u>				
. If an amendn	nent provides for	an exchange, rec	lassification, or	cancellation o	f issued shares.	
provisions fo	or implementing t	<u>he amendment if</u>	not contained	in the amendm	ent itself:	
-	pplicable, indicate	V/.4)				
!/A						
						

. . .

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	12/6/2023	
The date of each amendment(s) ac	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	tno more than 90 days after an	nendment file date)
Note: If the date inserted in this b document's effective date on the De		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of direct	ors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the sharcholders. The number of vo fficient for approval.	otes cast for the amendment(s)
	roved by the shareholders through voting greach voting group entitled to vote separately	
	or the amendment(s) was/were sufficient fo	
by		. "
	(voting group)	
12/6/2023		
Dated		
Signature	4	
(By a di selected	rector, president or other officer – if director, by an incorporator – if in the hands of a read fiduciary by that fiduciary)	
	Nader Jamaleddine	
	(Typed or printed name of persor	ı signing)
	President	
	(Title of person signing)	