

To:

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3053284774

From: Yanet Avila

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H24000109174 3)))



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2024-03-25 13:08:16 GMT

13053284774

From: Yanet Avila

850-617-6381

3/25/2024 7:13:10 AM PAGE 1/001 Fax Server



March 23, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PROMISE HEALTH CORP
117 SW 10 ST
1007
MIAMI, FL 33130

SUBJECT: PROMISE HEALTH CORP
REF: P23000005513

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must select an option listed under the "Adoption of Amendment" section.

If you have any further questions concerning your document, please call (850) 245-6050.

Jalesa S Dennis FAX Aud. #: H24000109174
Regulatory Specialist II Supervisor Letter Number: 724A00006304
Amendment Section

Articles of Amendment
to
Articles of Incorporation
of

PROMISE HEALTH CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P23000005513

(Document Number of Corporation (if known))

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

A. If amending name, enter the new name of the corporation:

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

17368 S DIXIE HWY

MIAMI, FL 33157

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

17368 S DIXIE HWY

MIAMI, FL 33157

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

Change of address

17368 S DIXIE HWY

(Florida street address)

New Registered Office Address:

MIAMI

(City)

, Florida 33157

(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.

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.

FILED
2024 MAR 25 PM 8:59
SECRETARY OF STATE

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	P	CHANGE OF ADDRESS	17363 S DIXIE HWY
<input type="checkbox"/> Add			MIAMI, FL 33157
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	P	CHANGE OF ADDRESS	17363 S DIXIE HWY
<input type="checkbox"/> Add			MIAMI, FL 33157
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
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			

The date of each amendment(s) adoption: 3/21/24, if other than the date this document was signed.

Effective date if applicable: _____
(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.

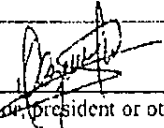
☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ 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 03/21/2024

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)

TERRE, LISETTE

(Typed or printed name of person signing)

P

(Title of person signing)