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5.C 11/2023

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	whent HHA	Onelity Care Comp		
	ER: 723000				
The enclosed Articles of	of Amendment and fee are st	ibmitted for filing.			
Please return all corres	pondence concerning this ma	atter to the following:			
	-A-	Pon Mosa	Martin		
•	Name of Contact Person				
-	7-0-010	Firm/ Company	ality Care Coop		
_		· · ·			
	1555 W 44th Place Spt. 209 Address				
_	Him	City/State and Zip Cod	330/2		
		City/ State and Zip Cod	v		
		19 8	,		
-	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, plea	se call:			
_					
Ailen	Mera Mort	ii ( 786	413-5470		
Name of Contact Person		at ( <u>786</u> ) <u>4/3 - 5470</u> Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment 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)		
Mailing Address		Street Address			
Amei	ndment Section	Amendment Section			
	ion of Corporations Box 6327	Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of Sta	<u>te</u> )
(Document Number of Corporation (if known)	
(Document Number of Corporation (if known)	
rrsuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the Articles of Incorporation:	: following amendment
. If amending name, enter the new name of the corporation:	
N/A	The new
time must be distinguishable and contain the word "corporation," "company," or "incorporated" or the a nc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name much artered," "professional association," or the abbreviation "P.A."  Finter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS.)	est contain the word
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	23 MAY 21
	<del></del>
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 Ails Mess Mess	
Same Of the Mediatello Agent	
(Florida street address)	
New Registered Office Address:	
(City)	(Zip Code)

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:

X Change	PT John I	<del>Doc</del>	
X Remove	V Mike.	Jones .	
<u>X</u> Add	<u>SV Sally:</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	<u> </u>	Jose Roman Atines	1840 W 49 Th Street
Add		Gorzelez	Soite 502
Remove			Higheah, FL 33012
2) Change	27	Aiden Mesa Martin	1840 W 49+ Street
XAdd			5.14-50Z
Remove  5 ) Change			Hial-ch, FL 33012
Add			
Remove			
4) Change			*******
Add			11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Remove			·
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

(Attach additio	r adding additional Art nal sheets, if necessary).	(Be specific)			
N/A					
					<del></del> _
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If an amendm	nt provides for an exch	ange, reclassifica	ition, or cancellat	ion of issued shar	res.
Life post a re	implementing the ame licable, indicate N/A)	ndment if not cor	itained in the am	endment itself:	
N/A	neutric indicate i will				
N/A			···	*****	
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The date of each amendment(s) adoption:	, it other than the
date this document was signed.	
Effective date if applicable: 5/8/23	
Effective date if applicable: 5/8/23 (no more than 90 days after amo	endment file date)
Note: If the date inserted in this block does not meet the applicable statutory f 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 directo action was not required.	rs without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of vote by the shareholders was/were sufficient for approval.	es cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gro- must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient for	approval
by	
(voting group)	
Signature  (By a director, president or other officer – if directors selected, by an incorporator – if in the hands of a receappointed fiduciary by that fiduciary)	
Tosse R And in (Typed or printed name of person)	148 COON 2A FE.Z
President	<u></u>
(Title of person signing)	