## P23000012858

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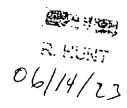
Office Use Only



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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPOR   | RATION: ELHA FLORIDA                        | INC.   |   |  |  |
|--|---|--|---|--|--|
| DOCUMENT NUMI  |   |  |   |  |  |
| The enclosed Articles  | of Amendment and fee are su                 | bmitted for filing.  |   |  |  |
| Please return all corres   | spondence concerning this ma                | tter to the following:   |   |  |  |
|  | DIANA BLASCHZYK                             |  |   |  |  |
|  |   | Name of Contact Persor   | 1   |  |  |
|  | HILL & COMPANY, CPA, PA                     |  |   |  |  |
|  | Firm/ Company                               |  |   |  |  |
|  | 804 NICHOLAS PKWY EAST, STE 1               |  |   |  |  |
|  | Address                                     |  |   |  |  |
|  | CAPE CORAL, FL 33990                        |  |   |  |  |
|  | City/ State and Zip Code                    |  |   |  |  |
|  | DIANA@HILLCOCPA.COM                         | м  |   |  |  |
|  |   | sed for future annual report   | notification)   |  |  |
|  |   | •  | ·   |  |  |
| For further information  | n concerning this matter, pleas             | se call:   |   |  |  |
| THOMAS W. HILL   |   | at (239  | 549-2444  |  |  |
| Name o   | of Contact Person                           |  | de & Daytime Telephone Number   |  |  |
| Enclosed is a check fo   | r the following amount made                 | payable to the Florida Depa  | artment of State:   |  |  |
| ■ \$35 Filing Fee  | □\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)                       | ☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 |   | Street Address  Amendment Section  Division of Corporations  The Centre of Tallahassee |   |  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

2923 JUN 14 PH 12: 40

## Articles of Amendment to Articles of Incorporation of

|  | of  | •                               |  |              |              |
|--|---|---------------------------------|--|--------------|--------------|
| ELHA FLORIDA INC.  |   |                                 |  |              |              |
| (Name of   | Corporation as currentl                             | y filed with the Florida        | Dept. of State)                        |              |              |
| P23000012858   |   |                                 |  |              |              |
|  | (Document Number o                                  | f Corporation (if known)        |  |              |              |
| Pursuant to the provisions of section 607.10 its Articles of Incorporation:  | 906, Florida Statutes, this                         | Florida Profit Corporatio       | on adopts the follo                    | wing amendi  | ment(s)      |
| A. If amending name, enter the new nam   | ne of the corporation:                              |                                 |  |              |              |
| N/A  |   |                                 |  | The n        | a141         |
| name must he distinguishable and contain th<br>"Inc.," or Co.," or the designation "Cor<br>"chartered," "professional association," of   | rp," "Inc," or "Co". 2                              | A professional corporation      | ed" or the abbrevi<br>on name must con | iation "Corp | ••           |
| B. Enter new principal office address, if:   | applicable:   | N/A                             |  |              |              |
| (Principal office address <u>MUST BE A ST</u> R  |   |                                 |  | <del>-</del> | -            |
|  |   |                                 |  |              | _            |
|  |   |                                 |  | 203          | _            |
| C. Enter new mailing address, if applica   | ıble:   |                                 |  | (=:          |              |
| (Mailing address MAY BE A POST OF  |   | N/A                             |  |              |              |
|  |   |                                 |  | t-           |              |
|  |   |                                 |  | 3            | <br>         |
|  |   |                                 |  | <u></u>      | - 13 ;       |
| D. If amending the registered agent and/   |   |                                 | name of the                            | Ď.           | - <u>-</u> - |
| new registered agent and/or the new r  | <del></del>   | <u>:</u>                        |  |              |              |
| Name of New Registered Agent N   | !/A<br>   |                                 |  |              |              |
|  |   |                                 |  |              |              |
| <del>-</del>   | (Florida str  | eet address)                    |  |              |              |
| New Registered Office Address: N.  | //A   |                                 | , Florida                              |              |              |
|  | (City)  |                                 |  | (Zip Code)   |              |
|  |   |                                 |  |              |              |
|  |   |                                 |  |              |              |
| New Registered Agent's Signature, if char<br>I hereby accept the appointment as registere  | nging Registered Agent<br>ed agent. I am familiar v | :<br>vith and accept the obliga | tions of the positie                   | ) 27         |              |
| , and the second | · · · · · · · · · · · · · · · · · · ·               | and accept the omiga            | and if 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.

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 = Chie 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 Doe       |                           |
|----------------------------|--------------------------|----------------|---------------------------|
| X Remove                   | $\underline{\mathbf{v}}$ | Mike Jones     |                           |
| X Add                      | <u>sv</u>                | Şally Smith    |                           |
| Type of Action (Check One) | <u>Title</u>             | <u>Name</u>    | <u>Addres</u> s           |
| 1) Change                  | SEC                      | HILL, THOMAS W | 804 NICHOLAS PKWY EAST    |
| XX Add                     |                          |                | STE 1                     |
| Remove                     |                          |                | CAPE CORAL, FLORIDA 33990 |
| 2) Change                  |                          |                |                           |
| Add                        |                          |                |                           |
| Remove 3) Change           |                          | ·              |                           |
| Add                        |                          |                |                           |
| Remove                     |                          |                |                           |
| 4) Change                  |                          |                |                           |
| Add                        |                          |                | 2029 JUH                  |
| Remove                     |                          |                |                           |
| 5) Change                  |                          |                |                           |
| Add                        |                          |                | PH 12: 40                 |
| Remove                     |                          |                |                           |
| 6) Change                  |                          |                |                           |
| Add                        |                          |                |                           |
| Remove                     |                          |                |                           |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)  |                    |          |
|--|--------------------|----------|
| N/A  |                    |          |
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|  |                    |          |
| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: |                    |          |
| (if not applicable, indicate N/A)  |                    |          |
| N/A  |                    |          |
| <del>-</del>   |                    |          |
|  |                    |          |
|  |                    |          |
|  |                    |          |
|  |                    |          |
|  | <u> </u>           |          |
|  |                    |          |

\* . . . . . . . . .

| The date of each amendment(s) adoption:   | , 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 we document's effective date on the Department of State's records.   | vill not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)  |                           |
| The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.   | nd shareholder            |
| ☐ 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.  | 282                       |
| ☐ 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):  | 14 EGE 8382               |
| "The number of votes cast for the amendment(s) was/were sufficient for approval   | <del>-</del> 32           |
| by  | PH 12: <b>40</b>          |
| (voting group)  | <b>☆</b>                  |
|   | <b>f</b> 0                |
| Dated 0607 2023   Signature   Signature |                           |
| (By a threator 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)   |                           |
| HORST RAMBAU  |                           |
| (Typed or printed name of person signing)   |                           |
| PRESIDENT   |                           |
| (Title of person signing)   | <del> </del>              |