## epartment of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000124685 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Emall	Addr	PCC	•
	~~~	C 2 3	•

## COR AMND/RESTATE/CORRECT OR O/D RESIGN ONYX ADULT DAY CARE INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

## Articles of Amendment to Articles of Incorporation of

ONYX ADULT DAY CARE INC.	
Florida Document Number: P23000019872	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Co following amendment(s) to its Articles of Incorporation:	rporation adopts the
CHANGE JESSICA YARITZA PAIS CHU TO (P) PRESIDENT	
CHANGE ORTELIO RODRIGUEZ TORRES TO (VP) VICE-PRESIDENT	
	207
	ώ
	<u></u>
	0
These articles of amendment were adopted on4/3/2023	
The corporation has only one group of voting stock. This amendment was approved by the share votes cast for amendment was sufficient for approval.	holders and the number of
<u> </u>	
Signature	
ORTELIO RODRIGUEZ TORRES (P)	
Printed Name and Title	
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the p	usilion.
Signature of New Registered Agent, if changing	