P23000039871

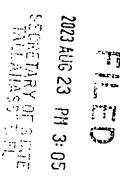
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(55525
Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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AUG 2 9 2023 D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: VIDA ADULT DA	AY CARE CORPORATIO	N 		
DOCUMENT NUMB	ER: P23000039871				
	of Amendment and fee are su				
Please return all corres	pondence concerning this ma	itter to the following:			
		DAMIAN MENDEZ			
-		Name of Contact Person	n		
	VIDA AL	OULT DAY CARE CORPO	DRATION		
-	Firm/ Company				
		4201 NE 16 ST			
-		Address			_
	HOMESTEAD, FL. 33033				
_		City/ State and Zip Cod	e		ZUZJ AUG
1	riscomojitos@yahoo.com			: 20	23
-		sed for future annual report	notification)	—S55	
				1,143 1,143	P
For further information	concerning this matter, plea-	se call:			3: 05
D	AMIAN MENDEZ	786 at (, 6098823	• • •	C i
Name of Contact Person			de & Daytime Telephone	Number	_
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
S35 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 Tallahassee, F1, 32314		Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite	810	

August 21, 2023

FROM: VIDA ADULT DAY CARE CORP.

REF: NO. P23000039871

ATTN: SHAUNTERIA COBBS REGULATORY SPECIALIST II

I am returning the corrected documents as you requested and also copy of the letter no. 823A00018186.

Please, disregard an overnight mail with the amendment form that your office should be received on Monday August 21, due that last week somebody told us that your office didn't receive the previous amendment.

I would appreciate your help to expedite the process to update the company registration.

Sincerety

Jorge Rodriguez

Vida Adult Day Care Corp

President



August 10, 2023

DAMIAN MENDEZ 4201 NE 16 ST HOMESTEAD, FL 33033

SUBJECT: VIDA ADULT DAY CARE CORP

Ref. Number: P23000039871

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption of each amendment must be included in the document.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Shaunteria Cobbs Regulatory Specialist II

Letter Number: 823A00018186

AUG 23 2073

Articles of Amendment

10 Actions of Inco

to Articles of Incorporation of VIDA ADULT DAY CARE CORPORATION			2023 AUG SECRET			
		22 2				
(<u>Name</u>		y filed with the Florida Dept, of	State Sign P			
	P23000039		17 3 C)			
	(Document Number o	l'Corporation (it'known)	25			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts	s the following amendment(s) to			
A. If amending name, enter the new n	ame of the corporation:		***			
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	$Corp_i$ " " E_i " or " Co ". A					
B. Enter new principal office address,	if annlicable:	JORGE RODRIGUEZ				
(Principal office address <u>MUST BE A S</u>		10826 SW 228 TERRACE				
		MIAMI FL., 33170				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		4201 NE 16 ST				
		HOMESTEAD FL, 33033				
D. If amending the registered agent ar new registered agent and/or the new			<u>f the</u>			
Name of New Registered Agent	JORGE RODRIGUEZ					
	10826 SW 228 TERRACE.					
	(Florida stre	et address)				
<u>New Registered Office Address:</u>	MIAMI	. Flo	rida			
	(Cityi	(Zip Code)			
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	hanging Registered Agent: ered agent. I am familiary	ith and accept the obligations of t	he position.			
	Signature Key Re	gistered Agent, if changing				
Theck if applicable ☐ The amendment(s) is/are being tiled p	ursuant 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 \underline{PT} John Doe X Remove $\overline{\lambda}$ Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action Title Name Address (Check One) DAMIAN MENDEZ 4201 NE 16 ST __ Change HOMESTEAD, FL, 33033 __ Add _ Remove JORGE RODRIGUEZ 10826 SW 228 TERRACE 2) ____ Change MIAMI FL, 33170 Add ___ Remove KEYLA RODRIGUEZ 4201 NE 16 ST 3) ____ Change HOMESTEAD, FL, 33033 Add Remove 4) ____ Change ____ Add ____ Remove 5) ____ Change ___ Add ____ Remove 6) ____ Change __ Add Remove

Attach <i>additioi</i>	adding additional Artic ad sheets, if necessary).	(Be specific)			
					
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10.17	·····				
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	· · · · · · · · · · · · · · · · · · ·				
<u>f an amendme</u> Szoviciose for	nt provides for an excha implementing the amen	inge, reclassificati	on, or cancellation	of issued shares,	
if not app)	licable, indicate N/A)	diagnet is not conta	inied in the ameny	ment usen.	
					
					-
					
					

	JUNE 16, 2023	
The date of each amendment(s) a	doption:	, if other than th
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 document's effective date on the D	plock does not meet the applicable statutory filing requirements, this date vepartment of State's records.	vill not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action a	nd sharcholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	for the amendment(s) was were sufficient for approval	
by	·	
	(voting group)	
Dated Signature	6/16/23	
(By a G	lirector, presidently other officer - if directors or officers have not been	
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other court — ned fiduciary by that fiduciary)	
	JORGE RODRIGUEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	