

P23000058853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

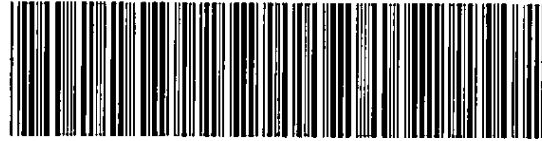
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10/23/23--01024--025 \*\*35.00

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2023 OCT 23 AM 9:29  
CLERK OF SUPERIOR COURT  
STATE OF TEXAS  
COUNTY OF DALLAS

A. BUTLER  
NOV - 8 2023

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MREHEALTHCARESERVICES CORPORATION

DOCUMENT NUMBER: P23000058853

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marievictoire Naomie Jean-charles

Name of Contact Person

MREHEALTHCARESERVICES CORPORATION

Firm/ Company

14120A NW 27TH AVE

Address

OPA LOCKA FL 33054-3655

City/ State and Zip Code

mrehealthcareservices@gmail.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Marievictoire Naomie Jean-charles

at 786

444-5725

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

MREHEALTHCARESOURCES CORP.

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

P23000058853

(Document Number of Corporation (if known))

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

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

MREHEALTHCARESOURCES 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)

Marie-victoire Naomie Jean-charles

14120A NW 27TH AVE OPA LOCKA FL 33054-36

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

mrchealthcareservices@gmail.com

**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 AUDREY BRUFF

3550 WASHINGTON STREET APT 414B

(Florida street address)

New Registered Office Address: HOLLYWOOD

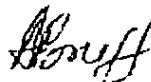
(City)

Florida FL 33021

(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) (c), F.S.

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2023 OCT 23 AM 9:29

SEC. 1

FILE

STATE  
FL

**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 Doe

X Remove                    V      Mike Jones

X Add                        SV      Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>    </u> Change	<u>MGR</u>	<u>RALPH PIERRE CHARLES</u>	<u>14120A NW 27TH AVE</u>
<u>    </u> Add			<u>OPA LOCKA FL 33054-3655</u>
<u>X</u> Remove			
2) <u>    </u> Change	<u>MGR</u>	<u>AUDREY BRUFF</u>	<u>3550 WASHINGTON ST. APT 414</u>
<u>X</u> Add			<u>HOLLYWOOD, FL 33021</u>
<u>    </u> Remove			
3) <u>    </u> Change	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u> Add			<u>    </u>
<u>    </u> Remove			<u>    </u>
4) <u>    </u> Change	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u> Add			<u>    </u>
<u>    </u> Remove			<u>    </u>
5) <u>    </u> Change	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u> Add			<u>    </u>
<u>    </u> Remove			<u>    </u>
6) <u>    </u> Change	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u> Add			<u>    </u>
<u>    </u> Remove			<u>    </u>

(Attach additional sheets, if necessary). (Be specific)

[illegible]

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: 11-05-2023, if other than the date this document was signed.

Effective date if applicable: 11-05-2023  
(no more than 90 days after amendment file date)

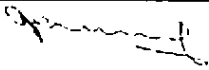
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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)

11-05-2023  
Dated \_\_\_\_\_

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)

Marievictoire Naomie Jean-charles

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)