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SECRETARY OF STAT



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: FELITO HEALT	H CARE SERVICES	s , inc				
	MBER: P23000078615						
	es of Amendment and fee are s	ubmitted for filing.					
Please return all cor	respondence concerning this m	atter to the following	; :				
	WILFREDO FAJO						
		Name of Contact	t Perso				
	FELITO HEALTH CARE S			"			
		Firm/ Comp					
	9207 SW 227TH STREET.	•	any				
		Address					
	CUTLER BAY, FL 33190						
	City/ State and Zip Code					20	
	FELITOHEALTHCARE@GMAIL.COM					2024 AUG -5	است. ا
	E-mail address: (to be used for future annual report notification)					3	-
				,		5	1
For further informati	on concerning this matter, plea	se call:				PH	
WILFREDO FAJO		78	36	316-5546	77 CS) PH 3: 35	Į.
Name of Contact Person		at (rea Co)de & Daytime Telephone Nun	nber Tr	35	
Enclosed is a check f	or the following amount made						
			= -р.	- State,			
■ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	S43.75 Filing For Certified Copy (Additional copy 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		7 1 1	Amend Division The Co	Address ment Section n of Corporations entre of Tallahassee L. Monroe Street, Suite 810			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2024 AUG -5 PH 3: 35

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(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 tax Articles of incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp" "lnc.," or "Co.," or the designation "Corp" "nc," or "Co", A professional corporation name must contain the word "characted," "professional association," or the abbreviation "P.A." 8. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Office Address: (City) (City) (Zip Code)	FELITO HEALTH CARE SERVICES, INC	ACA CHILL ST. C.
(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 the Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "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) C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) Florida (Zip Code)	(Name of Corporation as currently file	ed with the Florida Dept. of State)
Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Prafit Corporation adopts the following amendment(s) to the Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "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) C. Enter new mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: (City) (Zip Code)	P23000078615	· · · · · · · · · · · · · · · · · · ·
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New Registered Office Address:	Name of New Registered Agent	
New Registered Office Address:	(Elavida etwar	white and
(City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:		aaressy
New Registered Agent's Signature, if changing Registered Agent:		1
	TGA,	., (2.1p Cour)
nereny accept the appointment as registerea agent. A am familiar with and accept the obligations of the position.	New Registered Agent's Signature, if changing Registered Agent:	
	r nevery accept the appointment as registered agent. I am familiar with	ана ассері іне опиданоня ој те розінон.

Signature of New Registered Agent, if changing

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	\underline{PT}	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	YOSMARY HERNANDEZ	9207 SW 227TH STREET.UNIT 2
X Add		 	CUTLER BAY, FL 33190
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Adđ			
Remove			

E. It amendin	ig or adding additional Art	icles, enter change(s)	here:		
(Attach add	litional sheets, if necessary).	(Be specific)	_		
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F. <u>If an amen</u>	dment provides for an exch	ange, reclassification	, or cancellation	of issued shares,	
provisions (if not	for implementing the ame applicable, indicate N/A)	ndment if not contair	ied in the amendi	nent itself:	
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The description of the second second	• • •	
The date of each amendment(s) adoption date this document was signed.	:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do- document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this date will not of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder action and shareholder action a	areholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.	
☐ The amendment(s) was/were approved b must be separately provided for each vo	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):	
	mendment(s) was/were sufficient for approval	
by	(voting group)	
((voting group)	
07/26/2024 Dated		
sciected, by an	resident or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court fary by that fiduciary)	
V	'ILFREDO FAJO	
 :-	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	