Pa3000040128

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(=1,) =1=1=1,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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12/05/23--01014--002 *+25.00

12/05/23--01014--003 **10.00





December 18, 2023

ARLEEN DAVILA 12701 S JOHN YOUNG PKWY SUITE 215 ORLANDO, FL 32824

SUBJECT: KIND CARE FOR YOU INC

Ref. Number: P23000080128

We have received your document for KIND CARE FOR YOU INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please ensure that you check one of the adoption of amendment boxes.

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.

Letter Number: 023A00028789

Morgan E Lovett Regulatory Specialist II

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of

Kind Care For You Inc

(Name of Corporation as curre	ntly filed with the Flo	orida Dept. of State)	
P2300	0080128		
(Document Number	r of Corporation (if kn	own)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	sis <i>Florida Profit Corp</i>	oration adopts the foll	owing amendment(s)
A. If amending name, enter the new name of the corporation:			
			The new
name must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co". chartered," "professional association," or the abbreviation "P.,	A professional core	rporated" or the abbre poration name must co	4.6
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)			
, and the second of the second			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			 ,
	-		· · · · ·
	··		
. If amending the registered agent and/or registered office at	ldress in Florida, ent	er the name of the	٠
new registered agent and/or the new registered office addre	<u>'SS:</u>		
Name of New Registered Agent			<u>. </u>
<u></u>			
(Florida	street address)		
New Registered Office Address:		. Florida	
	(City)		Zip Code)
ew Registered Agent's Signature, if changing Registered Agenties accept the appointment as registered agent. I am familia.	nt: with and accept the c	obligations of the positi	on.
Signature of New	Registered Agent, if ci	hanging	
neck 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 = 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	DIR	Bianka V Gomez Castillo	1971 Fountains Dr
Add			Kissimmee FL 34744
Remove			
2) X Change	DIR	Fabiana V Gomez Castillo	1750 Walnut Creek Dr
Add			Kissimmee FL 34744
Remove 3) X Change	DIR	Zulimar C Castillo Gamez	1912 Red Canyon Dr
Add			Kissimmee FL 34744
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	-
	•
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)	- -
	
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late this docun	nent was signed.		
Effective date	if applicable:		
		(no more than 90 days after amendment file date	e)
		ck does not meet the applicable statutory filing requirement artment of State's records.	nts, this date will not be listed as the
Adeption of A	mendment(s)	(CHECK ONE)	
	ment(s) was/were adop not required.	ted by the incorporators, or board of directors without share	holder action and shareholder
	ment(s) was/were adop reholders was/were suff	ted by the shareholders. The number of votes cast for the articient for approval.	mendment(s)
must be sej	parately provided for e	oved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amendment or the amendment(s) was/were sufficient for approval	ring statement ent(s):
by			
	<u>-</u>	(voting group)	
	Dated 01/22/2	24.	
	Signature	Bookelle	
	selected.	ector, president or other officer - if directors or officers have by an incorporator - if in the hands of a receiver, trustee, or d fiduciary by that fiduciary)	
		Bianka V Gomez Castillo	٠ .
		(Typed or printed name of person signing)	
		(typed of printed name of person signing)	;

(Title of person signing)