## P23000034692

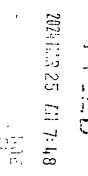
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

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NAME OF CORPO	ORATION: ROSE INFUSION	SERVICES, IN C.	
	1BER: 100420081761		
	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	atter to the following:	
	VITTORIO PENZA		
		Name of Contact Person	
	THE PENZA LAW FIRM, P	PLLC	
		Firm/ Company	
	261 5TH ST NW		
	,, <u>, , , , , , , , , , , , , , , , , ,</u>	Address	
	NAPLES, FL 34120		
		City/ State and Zip Code	
	VITO@PENZALAWFIRM.	СОМ	
		sed for future annual report	notification)
For further informati	ion concerning this matter, pleas	se call:at (	、799-8486
Name	e of Contact Person	Area Coc	le & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 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, 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

ROSE INFUSION SERVICES, INC.	

	VICES, INC.		FHER
	(Name of Corporat	ion as currently filed with the Fl	orida Dept. of State)
00420081761	723 006684	4692	2024 1/1/12 25 1/11 7:10
<u> </u>	(Docur	ment Number of Corporation (if kr	<del></del>
ursuant to the provisions s Articles of Incorporati		a Statutes, this <i>Florida Profit Corp</i>	poration adopts the following amendment
<u>-</u>	enter the new name of the c	orporation:	
<b>4</b>			The new
'Inc.," or Co.," or the		" or "Co". A professional corp	orporated" or the abbreviation "Corp.," poration name must contain the word
	office address, if applicables MUST BE A STREET AD		
C. Enter new mailing a (Mailing address MA)	address, if applicable: <u>1Y BE A POST OFFICE BO</u>	<u></u>	· · · · · · · · · · · · · · · · · · ·
	istered agent and/or registe t and/or the new registered	ered office address in Florida, en l office address:	ter the name of the
Name of New Re	•		
		(Florida street address)	
New Registered	Office Address:		, Florida
	<u></u>	(City)	(Zip Code)

☐ 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) Change	VP	CHARLES B	ONANNO	10008 PINES BLVD	
Add				PEMBROKE PINES, FL	
X Remove				33024, US	
2) Change					
Add					
Remove 3) Change		_			_
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

If amending or adding additional Article (Attach additional sheets, if necessary).	Be specific)		
N/A			
/º/ <del>V</del>			
		<del></del>	
<del>,</del> .			
······································			
<u></u>			
If an amendment provides for an excha	ige, reclassification, or c	ancellation of issued sh	ares,
provisions for implementing the amend (if not applicable, indicate N/A)	ment if not contained in	the amendment itself:	
(g nor apprecion, maissie (m))			
N/A			
		,	
		_	

	N/A	
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 da	
	(no more inan 90 days after amenament fite da	ie)
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the action was not required.	he incorporators, or board of directors without share	eholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the a or approval.	mendment(s)
.,	the shareholders through voting groups. The following group entitled to vote separately on the amendm	_
"The number of votes cast for the an	nendment(s) was/were sufficient for approval	
by	N/A	
(v	coting group)	
MARCH 18, 2024 Dated		
Signature	Villaro Preze	
	esident or other officer – if directors or officers hav neorporator – if in the hands of a receiver, trustee, o	
	ary by that fiduciary)	s duci court
VITTOR	IO PENZA	
	(Typed or printed name of person signing)	
COUNSI	EL AND REGISTERED AGENT	
<del></del>	(Title of person signing)	

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