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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:FLO	RIDA ARBOL CARE COF	₹P
	ER:	900420764319	
	f Amendment and fee are su		
Please return all corresp	ondence concerning this ma	itter to the following:	
		NORIEGA MARCELO /	1
-		Name of Contact Person	
		Harreelo Moue	ga).
_		Firm/ Company	-()
		7266 SW 88 ST APT A-20	1
_		Address	
		MIAMI, FL 33156	
_		City/ State and Zip Cod	e
		MENM80@GMAIL.CO	n.
_	Banail addrage: (to bo in	sed for future annual report	
For further information	concerning this matter, plea	se call:	
NORIEGA MARCELO) A	at (de & Daytime Telephone Number
Name o	Contact Person	Area Co	de & Daytime Telephone Number
Inclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	ElS43.75 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			Address
	ion of Corporations	Amendment Section Division of Corporations	
P.O.	Box 6327	The Co	entre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

F	LORIDA ARBOL CA	RE CORP	! !	Cリ
(Name of Corpor	ation as currently file	d with the Florida D	ept_of State)	
	900420764319)	2024 JAN 26	AM 7:48
(Doc	cument Number of Cor	poration (if known)	SEU, TALI	-ESTATE
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Flori</i>	da Profit Corporatio	adopts the follow	wing amendment(s) to
A. If amending name, enter the new name of the	e corporation:			
	FLORI	DA ARBOR CARE (CORP	The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp." "In "chartered," "professional association," or the abi	ic," or "Co". A pre			ation "Corp.,"
B. Enter new principal office address, if applica				 -
(Principal office address <u>MUST BE A STREET A</u>	<u>DDRESS</u>) _			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)			
D. If any adding the product of a control and to produce		- Florida onton the	name of the	
D. If amending the registered agent and/or registered agent and/or the new registered.		n Florida, enter inc	name or the	
Name of New Registered Agent				
	(Florida street ac	ldress)		
New Registered Office Address:			, Florida	
	tCity	,	Ü	(ip Code)
New Registered Agent's Signature, if changing E I hereby accept the appointment as registered agen		md accept the obligat	ions of the positic	วท.
	Harelo	Joinga .		
Si	gnature of New Regist	ered Agent, if changir	ıg	
Check 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.

X Change	<u>PT</u>	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>	<u>Addres</u> s
1) Change		_	
Add			P-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Remove			
2) Change			
Add			
Remove 3) Change			
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			****
5) Change			
Add			
Remove			
6) Change		·	
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	·
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) a	doption:	, if other than the
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 bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, the epartment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adeaction was not required.	opted by the incorporators, or board of directors without shareholder	r action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendr ifficient for approval.	nent(s)
	proved by the shareholders through voting groups. The following start 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)	
selecte	marcelo Joriga irector, president or other officer - if directors or officers have not be d, by an incorporator - if in the hands of a receiver, trustee, or other ted fiduciary by that fiduciary) Marcelo A Noriega (Typed or printed name of person signing)	ocen Court
	<u> </u>	-17
	(Title of person signing)	