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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	ESSENCIA HON	ME CARE, INC.					
DOCUMENT NUMBER:	P24000004345		<u>.</u>		<u> </u>		
The enclosed Articles of Amenda	nent and fee are su	bmitted for filing	3 .				
Please return all correspondence	concerning this ma	tter to the follow	ing:				
		FRED G. ALLI	EGADO				
		Name of Con	tact Perso	n			
ESSENCIA HOME CARE, INC.							
		Firm/ Co	тралу				
	20)5 N MICHIGAN	VAVE, S	TE 810			
		Addr	ess				
CHICAGO, IL 60601							
City/ State and Zip Code							
	AL	FRED@ESSENG	CIAINC.C	СОМ			
E-mai	il address: (to be us	sed for future ann	ual repor	t notification)	—		
For further information concernin		se call:	773	2182388	SECRETAR TALLAR	2004 DEC 12 PH 1: 17	
Name of Contact 1	Person	at (Area Co	ode & Daytime Telephone I	Number	-p	ء ۔ م
Enclosed is a check for the follow	ving amount made	payable to the Fl	orida Dep	partment of State:	当時の	-1. -:: 	
<u>-</u>	3.75 Filing Fee & tificate of Status	□\$43.75 Filin Certified Co (Additional c enclosed)	ру	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	15	1	,
Mailing Addre	<u>:ss</u>		Street	Address			

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

ESSENCIA HOME CARE, INC.

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P24000004345	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must he distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	205 N MICHIGAN AVE, STE 810
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	CHICAGO, IL 60601
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	401 E JACKSON ST, STE 2340
	TAMPA, FL 33602
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address	
Name of New Registered Agent	1024 TEC
	CR C
(Florida si	treet address)
New Registered Office Address:	Florida O D
New Registerea Office Address: , Florida ; ; ; (City)	
	一
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Cionatum of No.	Pagistared Agent if shanging
Signature of New I	Registered Agent, if changing

Check if applicable

 $[\]Box$ 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> 14</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	S	CHONA MARIE HARDING	205 N MICHIGAN AVE, STE 810
Add			CHICAGO, IL 60601
X Remove			
2) Change	CFO	ELIEZER KOST	205 N MICHIGAN AVE, STE 810
Add			CHICAGO, IL 60601
X Remove 3) Change			
Add			
Remove			
4) Change			75 D
Add			
Remove			
5) Change			(Fig. 5)
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)	
	
	
	-··-
f 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)	25.50 25.50
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3	DEC 05, 2024	•
The date of each amendmen	(s) adoption:	, if other than the
date this document was signed	DEC 05. 2024	
Effective date <u>if applicable</u> :	DEC 03. 2024	
	(no more than 90 days o	ister amendment sile date)
	his block does not meet the applicable state. Department of State's records.	ntutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of	f directors without shareholder action and shareholder
☐ The amendment(s) was/web by the shareholders was/was/was/was/was/was/was/was/was/was/	e adopted by the shareholders. The number are sufficient for approval.	er of votes cast for the amendment(s)
	e approved by the shareholders through vo d for each voting group entitled to vote sep	
"The number of votes	cast for the amendment(s) was/were suffice	cient for approval
by BOARD OF DI	RECTORS	**
	(voting group)	
DEC	05, 2024	
Dated Signature	John	
(B	y a director, president or other officer – if officer – if officer – if officer – if in the hands pointed fiduciary by that fiduciary)	
	FRED G. ALLEGADO	
	(Typed or printed name of	person signing)
	CEO	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·

2024 DEC 12 PH W 17
SECRETARY OF STATE
TAIL AHASSEE, FL