

P24 000802 76

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

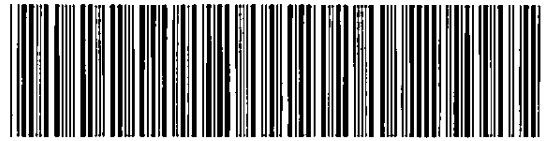
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
FALL/ASSISTANT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2024

RICHARD ROIG
609 E 21 ST APT 1
HIALEAH, FL 33013

SUBJECT: C&Y CARE SERVICES INC
Ref. Number: P24000030276

We have received your document for C&Y CARE SERVICES 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):

SELECT AN ADOPTION BOX CHECK ONE

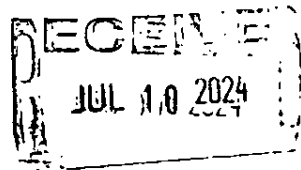
The date of adoption of each amendment must be included in the document.

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.

SHANTELL BROWN
Regulatory Specialist II

Letter Number: 324A00013346



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: C&Y CARE SERVICES INC

DOCUMENT NUMBER: P24000030276

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICHARD ROIG

Name of Contact Person

C&Y CARE SERVICES INC

Firm/ Company

609 E 21 ST APT 1

Address

HALEAH, FL 33013

City/ State and Zip Code

cycareservices@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yaritza Castro

at (786) 301-7170

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2021 JUN 10 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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Division of Corporations

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DOCUMENT NUMBER: P24000030276

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Firm/ Company

609 E 21 ST APT 1

Address

HALEAH, FL 33013

City/ State and Zip Code

cycare services@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change	<u>P</u>	<u>Richard Roig</u>	<u>609 E 21st APT 1, Hialeah, FL 33013</u>
<u> </u> Add			
<u> </u> Remove			
2) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
3) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
4) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
5) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			

SECRET
2024 JUN 10 PM 3:40
TALLAHASSEE, FL

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. 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)

N/A

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TALLAHASSEE, FL

N/A

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

N/A

Effective date if applicable: _____
(no more than 90 days after amendment file date)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 N/A _____"
(voting group)

Dated 05/17/2024 _____

Signature  _____
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Richard I Roig

(Typed or printed name of person signing)
President

(Title of person signing)

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2024 JUN 10 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FL.