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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: CITIZENS HEALTH CARE SERVICES INC
DOCUMENT NUMBER: P25000021302
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gerline Elice
Name of Contact Person
Citizens Heath Care Services INC
1002 East Baker St
Address
Plant CHU FI 33563
City/ State and Zip Code (2)
Citizenheath Care 89@ amail. Con E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
Gerline Elice a (813) 999-6335
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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

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CITIZENS	HEAL	.TH (CARE	SERVICES	JNC

(Name of Corp	oration as currently filed with the Florida Dept. of State)	
P25000021302		
(D	Occument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, F ts Articles of Incorporation:	lorida Statutes, this Florida Profit Corporation adopts the fol	llowing amendment(s)
A. If amending name, enter the new name of	the corporation:	
		The new
	rd "corporation," "company," or "incorporated" or the abbr "Inc," or "Co". A professional corporation name must of abbreviation "P.A."	
 Enter new principal office address, if appli Principal office address <u>MUST BE A STREET</u> 		
rincipul office address <u>most be A STREET</u>		<u>,</u>
. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFIC</u>	E BOX)	<u>•</u>
		292 SE(
 It amending the registered agent and/or re new registered agent and/or the new regist 	gistered office address in Florida, enter the name of the ered office address:	25 A
		14 14 18 18
Name of New Registered Agent		2925 AUG -7 PH 1: 05 SECREIW:
	(Flanda anna Alama)	——#/, ≥
	(Florida street address)	me I
New Registered Office Address:	, Florida	<u> </u>
	(City)	(Zip Code)
cw Registered Agent's Signature, if changing	g Registered Agent:	
	ent. I am familiar with and accept the obligations of the pos	ition.
	Signature of New Registered Agent, if changing	
	Signature of New Negwierea Agent, if changing	
heck 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 Doc $\underline{\mathbf{V}}$ Mike Jones X Remove SVX Add Sally Smith Address Type of Action Title <u>Name</u> (Check One) PO BOX 5818 TIJAY BROADNIX 1) ____ Change PLANT CITY FL 33563 _ Add Remove JOE GRAHAM PO BOX 5818 2) ____ Change PLANT CITY FL 33563 Remove 3) ____ Change __ Add ___ Remove Change __ Add Remove 5) ____ Change ___ Add ____ Remove 6) ____ Change Add __ Remove

Attaen aaattional S	heets, if necessary).	(ве ѕресілс)					
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provisions for im	provides for an exc plementing the amo	endment if not	contained in t	he amendme	ent itself:		
(if not applica	hle, indicate N/A)						
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The date of each amendment(s) adoption:	8-7-25	, 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 block doe document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this date will t of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.	
	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):	2025 AUG SECKETA TALLA
	mendment(s) was/were sufficient for approval	AUG RETA
by((voting group)	IG -7 P
Dated 8 - 7 - 2		PH 1: 55
selected, by an i	resident or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)	
GERLI	NE ELICE	
	(Typed or printed name of person signing)	
P		
	(Title of person signing)	