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TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: Residencia San La	zaro Home Care Corp			
DOCUMENT NUMB	ER: P95000043022		<u> </u>		
	of Amendment and fee are su	abmitted for filing.			
Please return all corres	pondence concerning this ma	atter to the following:			
	Eliot W. Rifkin				
-		Name of Contact Person	n .		
	Eliot W. Rifkin, P.A.				
•		Firm/ Company			
	9400 South Dadeland Blvd., #600				
•	Address				
	Miami, Florida 33156				
-		City/ State and Zip Cod	e		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, please	se call:			
Eliot W. Rifkin		at (305	670-9330		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

William D. To at the same

Articles of Amendment to Articles of Incorporation of

RESIDENCIA SAN LAZARO HOME	CARE CORP.			
(<u>Name</u>	of Corporation as currentl	y filed with the Florida Dept. of State)		
P95000043022	_			
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the follows	ing amendme	ent(s) to
A. If amending name, enter the new n	ame of the corporation:			
			The new	se.
	nation "Corp," "Inc," or "	n," "company," or "incorporated" or the Co". A professional corporation name mus P.A."	abbreviation	n
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if appl				
(Mailing address MAY BE A POST	OFFICE BOX)			-
			∵ ≂	
			5 .1	ਲੇਵਜ਼ ਹਨਦੂਰ
			2	, , , , , , , , , , , , , , , , , , ,
D. If amending the registered agent ar new registered agent and/or the ne			1 <u>2</u>	横유
Name of New Registered Agent	Danilo A. Allard	-	1. Sept. 1	41.S
Nume of New Registered Agent	7120 SW 92nd Ave		- <u>3</u>	TIONS TE
	(Florida stre	eet address)	-	រីភ
New Registered Office Address:	Miami	. Florida 33173		
The magneton office marens.	(Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		in and accept the obligations of the position.		
		V	_	
	Signature of NeyAlle	egistered Agent, if changing		

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 Do	<u>oe</u>	
X Remove	\underline{V}	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) X Change	S	_	Elvira Rodriguez	7120 SW 92nd Ave
Add				Miami, Florida 33173
Remove				
2) Change	P	_	Danilo A. Allard	7120 SW 92nd Ave
X Add				Miami, Florida 33173
Remove				
3) Change		_		
Add				
Remove				
4) Change		_	<u> </u>	
Add				
Remove				
5) Change		_		
Adđ				
Remove				
O Charre				
6) Change	_	_		
Add				
Remove				

Attach additional sheets, if necessary).	i <u>cles, enter change(s)</u> here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	-
f an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	July 09, 2018	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	uly 09, 2018	
Effective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	,
	ast for the amendment(s) was/were sufficient for approval	
bv	11	
·,	(voting group)	
	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	7/10/18 Juna Codriguez	
Signature .	luna odni gruz	
(By sele	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court of inted fiduciary by that fiduciary)	
	Elvira Rodriguez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	