## P95000069485

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## EILED 2024 FEB -6 MH 7: 10

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: \_\_\_\_\_

DOCUMENT NUMBER: \_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Mark, V. Filosi

Name of Contact Person

Gattoline Enterprises, Inc.

Firm/ Company

1505 W. Reynolds Street

Address

Plant City, FL 33563

City/ State and Zip Code

mfilosi@familycarepharmacy.org

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

For further information concerning this matter, please call:

Mark V. Filosi	at ( <u></u>	659-9777 )
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:

S35 Filing Fee

□ \$43.75 Filing Fee & Certificate of Status S43.75 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 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

	Articles of Amendment	
	to Articles of Incorporation of	FILED
	GATTOLINE ENTERPRISES, INC.	EILED.
(Name of C	Corporation as currently filed with the Florid	a Dept bl State)
	P95000069485	
	(Document Number of Corporation (if known	1) 7**
	06, Florida Statutes, this <i>Florida Profit Corpora</i>	tion adopts the following ame
ts Articles of Incorporation:		
A. If amending name, enter the new name	e of the corporation:	
	<u>, , , , , , , , , , , , , , , , , , , </u>	
	c word "corporation," "company," or "incorpo	The
"chartered," "professional association," or	p,""Inc," or "Co". A professional corpora the abbreviation "P.A."	
"chartered," "professional association," or B. <u>Enter new principal office address, if a</u> (Principal office address <u>MUST BE A STR</u>	r the abbreviation "P.A."	, <u>,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,
B. Enter new principal office address, if a	r the abbreviation "P.A."	
B. <u>Enter new principal office address, if a</u> (Principal office address <u>MUST BE A STR</u>	the abbreviation "P.A."  applicable: <u>EFT ADDRESS</u> )	
B. Enter new principal office address, if a	the abbreviation "P.A."  applicable: <u>EFT ADDRESS</u> )  ble:	
<ul> <li>B. <u>Enter new principal office address, if a</u> (Principal office address <u>MUST BE A STR</u>)</li> <li>C. <u>Enter new mailing address</u>, if applical</li> </ul>	the abbreviation "P.A."  applicable: <u>EFT ADDRESS</u> )  ble:	
<ul> <li>B. <u>Enter new principal office address, if a</u> (Principal office address <u>MUST BE A STR</u>)</li> <li>C. <u>Enter new mailing address, if applical</u></li> </ul>	the abbreviation "P.A."  applicable: <u>EFT ADDRESS</u> )  ble:	
<ul> <li>B. <u>Enter new principal office address, if a</u> (Principal office address <u>MUST BE A STR</u>)</li> <li>C. <u>Enter new mailing address, if applical</u></li> </ul>	the abbreviation "P.A."  applicable: <u>EFT ADDRESS</u> )  ble:	
<ul> <li>B. Enter new principal office address, if a (Principal office address <u>MUST BE A STR</u>)</li> <li>C. Enter new mailing address, if applical (Mailing address <u>MAY BE A POST OF</u>)</li> </ul>	the abbreviation "P.A." <u>applicable:</u> <u>EET ADDRESS</u> ) <u></u>	
<ul> <li>B. <u>Enter new principal office address, if a</u> (Principal office address <u>MUST BE A STR</u>)</li> <li>C. <u>Enter new mailing address, if applical</u> (Mailing address <u>MAY BE A POST OF</u>)</li> </ul>	the abbreviation "P.A."  applicable: EET ADDRESS )  ble: FFICE BOX	
<ul> <li>B. Enter new principal office address, if a (Principal office address <u>MUST BE A STR</u>)</li> <li>C. Enter new mailing address, if applical (Mailing address <u>MAY BE A POST OF</u>)</li> <li>D. <u>If amending the registered agent and/a new registered agent and/or the new r</u></li> </ul>	the abbreviation "P.A."  applicable: EET ADDRESS )  ble: FFICE BOX	
<ul> <li>B. Enter new principal office address, if a (Principal office address <u>MUST BE A STR</u>)</li> <li>C. Enter new mailing address, if applical (Mailing address <u>MAY BE A POST OF</u>)</li> <li>D. If amending the registered agent and/other statement and/other statement and/other statement and other statements and other statement and other statements and other statement and other statements and other statements</li></ul>	the abbreviation "P.A."  applicable: EET ADDRESS )  ble: FFICE BOX	
<ul> <li>B. Enter new principal office address, if a (Principal office address <u>MUST BE A STR</u>)</li> <li>C. Enter new mailing address, if applical (Mailing address <u>MAY BE A POST OF</u>)</li> <li>D. <u>If amending the registered agent and/a new registered agent and/or the new r</u></li> </ul>	the abbreviation "P.A."  applicable: EET ADDRESS )  ble: FFICE BOX	
<ul> <li>B. Enter new principal office address, if a (Principal office address <u>MUST BE A STR</u>)</li> <li>C. Enter new mailing address, if applical (Mailing address <u>MAY BE A POST OF</u>)</li> <li>D. <u>If amending the registered agent and/a new registered agent and/or the new r</u></li> </ul>	the abbreviation "P.A."  applicable: EET ADDRESS )  ble: FFICE BOX  (or registered office address in Florida, enter t registered office address:	

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<u>New Registered Agent's Signature, if changing Registered Agent:</u> I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

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The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

Example:

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.

PT X Change John Doe X Remove ¥ Mike Jones <u>X</u> Add <u>sv</u> Sally Smith Type of Action Title Address Name (Check One) 1)  $\frac{X}{2}$  Change 1505 W. Reynolds Street P.D.cco Mark Filosi Plant City, FL 33563 \_\_ Add Remove 1505 W. Reynolds Street Daniel Ben-Amoz vpds,cfo 2) \_\_\_\_ Change Plant City, FL 33563 Х Add \_ Remove 3) Change \_\_ Add \_\_\_ Remove 4) \_\_\_\_ Change \_\_ Add \_\_\_ Remove 5) \_\_\_\_ Change Add \_\_\_ Remove 6) \_\_\_\_ Change \_\_\_\_ Add \_\_ Remove

E. <u>If amending or adding additional Articles, enter change(s) here</u>: (Attach additional sheets, if necessary). (Be specific)

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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)	

: If the date inserted in this block does not meet the app	90 days after amendment file date)		
: If the date inserted in this block does not meet the app	90 days after amendment file date)		
nent's effective date on the Department of State's records.	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.		
ation of Amendment(s) (CHECK ONE)			
te amendment(s) was/were adopted by the incorporators, o tion was not required.	or board of directors without shareholder action and shareholder		
ne amendment(s) was/were adopted by the shareholders. T y the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)		
ne amendment(s) was/were approved by the shareholders the separately provided for each voting group entitled in "The number of votes cast for the amendment(s) was/v	to vote separately on the amendment(s):		
by	"		
(voting group) Dated AAAJARY 16, 20 Signature			
selected, by an incorporator - if in	flicer -/it directors or officers have not been the hords of a receiver, trustee, or other court		
appointed fiduciary by that fiducia	ігу)		
Mark Filosi /	ed name of person signing)		

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(Title of person signing)