## P960000 71637

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## COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO   | RATION: NORITA ADULT                        | FAMILY CARE INC.   |  |  |
|---|---|--|--|--|
| DOCUMENT NUM  | BER:P96000071637                            |  | <del> </del>   |  |
|   | of Amendment and fee are sul                | omitted for filing.  |  |  |
| Please return all corre   | spondence concerning this mat               | ter to the following:  |  |  |
|   | Nora Sandigo                                |  |  |  |
|   |   | Name of Contact Person   |  |  |
|   | NORITA ADULT FAMILY                         | CARE INC.  |  |  |
|   |   | Firm/ Company  | <u> </u>   |  |
|   | 11971 S.W. 118TH ST.                        | Fittin Company   |  |  |
| Address   |   |  |  |  |
|   | MIAMI, FL 33186                             |  |  |  |
| City/ State and Zip Code  |   |  |  |  |
|   | nora74@bellsouth.net                        |  |  |  |
|   | E-mail address: (to be us                   | ed for future annual report  | notification)  |  |
| For further information   | on concerning this matter, pleas            |  | <u>479-5346</u>  |  |
|   | of Contact Person                           | at (   | de & Daytime Telephone Number  |  |
|   | or the following amount made                |  |  |  |
| 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

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation

|  | Articles                | of Amendment                      |                                    | Ö.                          |
|--|-------------------------|-----------------------------------|------------------------------------|-----------------------------|
|  | Articles o              | to<br>of Incorporation            |                                    | 6.                          |
|  |                         | of                                | •                                  |                             |
| NORITA ADULT FAMILY CARE INC   |                         |                                   |                                    | 6                           |
| (Name o  | of Corporation as cur   | rently filed with th              | ie Florida Dept. of State)         |                             |
| 96000071637  |                         |                                   |                                    | <u></u>                     |
|  | (Document Num           | ber of Corporation                | (if known)                         | 00                          |
| Pursuant to the provisions of section 607.  as Articles of Incorporation:  | 1006. Florida Statutes. | this <i>Florida <b>Pr</b>ofit</i> | Corporation adopts the following   | amendment(s) to             |
| . If amending name, enter the new na   | ame of the corporatio   | <u>n:</u>                         |                                    |                             |
| name must be distinguishable and contain<br>'Inc.," or Co.," or the designation "C<br>'chartered," "professional association,"   | Corp." "Inc." or "Co    | ". A professional                 | "incorporated" or the abbreviation | The new 1 "Corp.," the word |
| 3. Enter new principal office address,<br>Principal office address <u>MUST BE A S</u>  |                         |                                   |                                    |                             |
| · · · · · · · · · · · · · · · · · · ·  |                         | <del></del> -                     | Same                               |                             |
| C. Enter new mailing address, if appli<br>(Mailing address MAY BE A POST)  | icable:<br>OFFICE BOX)  |                                   | N-A-                               |                             |
| <ol> <li>If amending the registered agent an new registered agent and/or the new</li> </ol>  |                         |                                   | a, enter the name of the           |                             |
| Name of New Registered Agent   | Nora C Sandigo          |                                   |                                    |                             |
| The state of the s | 11971 SW 118 St.        |                                   |                                    |                             |
|  | (Flori                  | ida street address)               |                                    |                             |
|  | Miami                   |                                   | , Florida33186                     |                             |
| New Registered Office Address:   |                         | (City)                            | (Zip Co                            |                             |

Signature of New Registered Agent, if changing

Check 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: XChange           | <u>PT</u>   | John Doe         |                                   |
|----------------------------|-------------|------------------|-----------------------------------|
| X Remove                   | <u>V</u>    | Mike Jones       |                                   |
| <u>X</u> Add               | <u>sv</u>   | Sally Smith      |                                   |
| Type of Action (Check One) | Title       | Name             | Address                           |
| Change                     | P           | Athena N Britton | 11971 sw 118 St. Miami, Fl. 33186 |
| Add                        |             |                  |                                   |
| X Remove 2) Change         | VP          | Reymundo Otero   | 11971 sw 118 St. Miami, Fl. 33186 |
| Add                        |             |                  |                                   |
| X Remove Change            | <u>P</u>    | Nora C Sandigo   | 11971 sw 118 St. Miami, Fl. 33186 |
| Add                        |             |                  |                                   |
| Remove 4) Change           | VP          | Athena N Britton | 11971 sw 118 St. Miami, Fl. 33186 |
| X Add                      |             |                  |                                   |
| Remove                     |             |                  |                                   |
| 5) Change                  | <del></del> | ·                |                                   |
| Remove                     |             |                  |                                   |
| 6) Change                  |             |                  | <del></del>                       |
| Add                        |             |                  |                                   |

|                | sheets, if necessary).                     | rticles, enter change(s<br>(Be specific) | <del>/ 110.10</del> ·                        |                  |             |
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| lf an amendmen | t provides for an ex                       | change, reclassification                 | on, or cancellation o                        | f issued shares, |             |
| (if not applie | mptementing the an<br>cable, indicate N/A) | nendment if not conta                    | inea in the amendi                           | ient usen.       |             |
| (9             |  |  |  |                  |             |
|                |  | N. A                                     |  |                  | <u> </u>    |
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|   | $\mathfrak{p}\cdotA'$   | , if other than the       |
|---|---|---------------------------|
| The date of each amendment(s) late this document was signed.          | adoption:   | , If other than the       |
| iale this document was signed.  | $\wp$ . A $\gamma$  |                           |
| Effective date <u>if applicable</u> :                                 |   | <del></del>               |
|   | (no more than 90 days after amendment file date)  |                           |
| Note: If the date inserted in this document's effective date on the I | 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)  | (CHECK ONE)   |                           |
| The amendment(s) was/were a<br>action was not required.               | dopted by the incorporators, or board of directors without shareholder action   | and shareholder           |
| ☐ The amendment(s) was/were a by the shareholders was/were            | dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.  |                           |
| ☐ The amendment(s) was/were a must be separately provided f           | pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):  |                           |
| "The number of votes ca   | st for the amendment(s) was/were sufficient for approval  |                           |
| bv  | ."  |                           |
| <u> </u>  | (voting group)  |                           |
| 07/27/20  | 20  |                           |
| Dated   |   |                           |
|   |   |                           |
| Signature   |   | <del></del>               |
| selec   | director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) |                           |
| •   | Athena N Britton  |                           |
|   | (Typed or printed name of person signing)   |                           |
|   | President   |                           |
|   | (Title of person signing)   |                           |

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