P97000013480

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only) State/21p/= None =)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



300436199463



(0 - 15/64--01°,4--01° ******₽5.1.



A. RAMSEY SEP 1-8, 2024

COVER LETTER

, i

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Complete Local Sp	eciality Care INC.	
	MBER: P97000013480		
The enclosed Artic	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
	Michael Hutchison		
		Name of Contact Persor	1
	Complete Local Specialty Ca	re INC.	
	·	Firm/ Company	
	4855 W Hillsboro BLVD suit	• •	
	······································	Address	
	Coconut Creek Fl 33073		
	 .	City/ State and Zip Code	2
	Mhutchison@clsetl.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	ation concerning this matter, pleas	se call:	
Michael Hutchison	r	954 at (7754829
Nar	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State;
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 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 The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2024 CEP LO PM 12 21

Complete Local Specialty Care In	nc.	2024 SEF TO THIS 21
(Name of Corporati	on as currently filed with	he Florida Dept. of State STATE
		TALL AHASSEC FLORE
(Docum	nent Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profe	it Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbre	" or "Co". A professiona	"incorporated" or the abbreviation "Corp" Il corporation name must contain the word
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADL</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	(X)	
		
 If amending the registered agent and/or registered new registered agent and/or the new registered 	red office address in Floric office address:	la, enter the name of the
Name of New Registered Agent		
-	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent:	
I hereby accept the appointment as registered agent.	I am familiar with and acce	pt the obligations of the position.
	·	
_		
Signa	tture of New Registered Age	ent, 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)

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.

X Change	12.1	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	D	Jean Claude Hutchison	4855 W Hillsboro BLVD Suite b2	
X Add			Coconut Creek, FI 33073	
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change			<u> </u>	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	adding additional Arti I sheets, if necessary).	(Be specific)	·		
		.			
				 -	
				_ 	
		··· ,	·		
					
	<u></u>		· · · · · · · · · · · · · · · · · · ·		
·			<u>-</u>		
				<u> </u>	-
····					<u></u>
				-	
			 _		
			·	- · · · - · - · - · - · - · - · - · - ·	
					
an amendmen	t provides for an exch	iange, reclassific	cation, or cancell	ation of issued sh	ares,
provisions for it	mplementing the ame	ndment if not co	ontained in the a	mendment itself:	
	cable, indicate N/A)				
(if not applic					
(if not applic					
(if not applic					
(if not applic					
(if not applic		 			
(if not applic					<u>.</u>
(if not applic					
(if not applic					
(if not applic					
(if not applic					
(if not applic					
(if not applic					
(if not applic					
(if not applic					

•

•

The date of each amend date this document was si	ment(s) adoption:, if other than the gred.
Effective date <u>if applica</u>	le:
	(no more than 90 days after amendment file date)
	in this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's records.
Adoption of Amendmen	(s) (<u>CHECK ONE</u>)
The amendment(s) wa action was not require	/were adopted by the incorporators, or board of directors without shareholder action and shareholder .
	/were adopted by the shareholders. The number of votes cast for the amendment(s) is/were sufficient for approval.
	/were approved by the shareholders through voting groups. The following statement wided for each voting group entitled to vote separately on the amendment(s):
"The number of	rotes cast for the amendment(s) was/were sufficient for approval
by	<u> </u>
	(voting group)
S Dated_	ерт 3, 2024
Signatu	
Ž	(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)
	Michael Hutchison
	(Typed or printed name of person signing)
	Secretary
	(Title of person signing)