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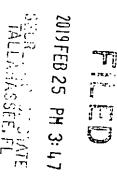
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R. WHITE FEB 2 7 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Hana Care	Inc					
DOCUMENT NUMBER:	P99(Y)(N)05937						
The enclosed Articles of Amendmen	n and fee are su	bmitted for filing.					
Please return all correspondence con	icerning this mat	tter to the following:					
	Nada Cl	hehah					
,, , , , , , , , , , , , , , , , , , ,		Name of Contact Person	1				
	NC Acc	counting Inc.					
		Firm/ Company					
	6110 Powers Ave., Suite 12						
	Address						
	Jackson	ville, F 32217					
		City/ State and Zip Cod	e				
	info@nc	-accounting.com					
E-mail ac		ed for future annual report	notification)				
		,					
For further information concerning the	his matter, pleas	e call:					
Nada Chehab		904 at (508-0233 de & Daytime Telephone Number				
Name of Contact Per	son	Area Co	de & Daytime Telephone Number				
Enclosed is a check for the following	g amount made p	payable to the Florida Depa	artment of State:				
	Filing Fee & cate 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

Articles of Amendment to Articles of Incorporation of

FILED

Hana care Inc.

2019 FEB 25 PM 3: 47

	the filed with the Florida Dept: of State) 1 STATE
P990(NOO5937	
(Document Number	of Corporation (if known)
rrsuant to the provisions of section 607,1006. Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment
If amending name, enter the new name of the corporation:	
	77
me must be distinguishable and contain the word "corporati 'orp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office ad	draw in Clarida, anten the name of the
new registered agent and/or the new registered office addre	
Name of New Registered Agent	
Name of New Regulation 11gem	
(Florida s	treet address)
A' D ' . 1707' 441	12)
New Registered Office Address:	Cavy (Zip Code)
	,
w Registered Agent's Signature, if changing Registered Agen	
nereby accept the appointment as registered agent. I am familian	wan and accept the oragations of the position,
Signature of New	Registered 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 Doe	
X Remove	$\underline{\mathbf{v}}$	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		Osama Zahra	4074 ALESBURY DR.
Add			Jacksonville, FL 32224
VP Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

Attach additional sheets, if necessor		change(s) here: ific)			
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f an amendment provides for an provisions for implementing the	exchange, recla	assification, or ca	incellation of issu	ed shares,	
(if not applicable, indicate N	A)	noi contanta m	the annual tracks in	<u> </u>	
		<u>.</u>			
·					
			-		· · · · ·

The date of each amendment(s) adoption:	, 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 does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following s must be separately provided for each voting group entitled to vote separately on the amendment(s)	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shar action was not required.	eholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	der
02/21/2019 Dated	
Signature	
(By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	
Hanan Moustafa	
(Typed or printed name of person signing)	
President	
(Title of person signing)	