

P: 06000000 910000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

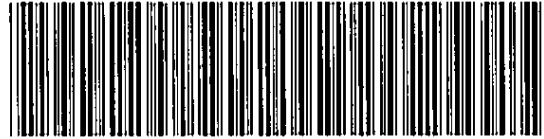
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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And

R. WHITE
SEP 11 2018

2018 SEP 10 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FL

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2018

CHESKEL SPITZER
4700 SHERIDAN ST STE J
HOLLYWOOD, FL 33021

SUBJECT: BLUE VISTA HOME HEALTH INC.
Ref. Number: P06000091006

We have received your document for BLUE VISTA HOME HEALTH INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

The statement of change of registered agent form is not needed because you are changing the registered agent via the amendment form. If you want to file the officer/director resignations also, the fee is \$35.00 per resigning officer/director. Note: they can all be removed on the amendment form at no additional filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 618A00017592

18 SEP 27 11:12:29
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Blue Vista Home Health, Inc.

DOCUMENT NUMBER: PO6000091006

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

Please return all correspondence concerning this matter to the following:

Leonel Orozco
Name of Contact Person
Blue Vista Home Health, Inc.
Firm/ Company
4700 Sheridan Street, Suite J
Address
Hollywood, FL 33021
City/ State and Zip Code
Orozcolao1130@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leonel Orozco at (954) 465-0212
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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PTDO</u> <u>CFO</u>	<u>Cheskel Spitzer</u>	<u>4700 Sheridan ST</u> <u>Suite J</u> <u>Hollywood, FL 33021</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DO</u>	<u>Carol Shafir</u>	<u>4700 Sheridan ST</u> <u>Suite J</u> <u>Hollywood, FL 33021</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CEO</u> <u>DO</u>	<u>Leopold Friedman</u>	<u>4700 Sheridan ST</u> <u>Suite J</u> <u>Hollywood, FL 33021</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DO</u>	<u>Tedy Lechtschein</u>	<u>4700 Sheridan ST</u> <u>Suite J</u> <u>Hollywood, FL 33021</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DO</u>	<u>Eliezer Scheiner</u>	<u>4700 Sheridan ST</u> <u>suite J</u> <u>Hollywood, FL 33021</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DO</u>	<u>Zevi Kohn</u>	<u>4700 Sheridan ST</u> <u>Suite J</u> <u>Hollywood, FL 33021</u>

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)

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Example:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Monica Perez</u>	<u>4700 Sheridan ST</u> <u>Suite J</u> <u>Hollywood, FL 33021</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Cristina deLa Maza</u>	<u>4700 Sheridan ST</u> <u>Suite J</u> <u>Hollywood, FL 33021</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Maria Reig</u>	<u>4700 Sheridan ST</u> <u>Suite J</u> <u>Hollywood, FL 33021</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

The date of each amendment(s) adoption: 08/03/2018, if other than the date this document was signed.

Effective date if applicable: 08/08/2018
(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, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. The following statement 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 shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 09/06/2018

Signature _____
(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)

Cheskel Spitzer
(Typed or printed name of person signing)

President
(Title of person signing)