

PO7000038953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

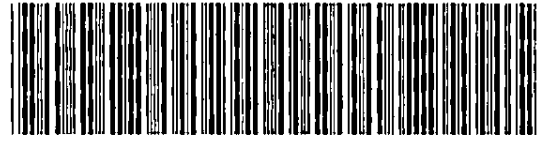
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19 MAR 22 PM 12:47
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

MAR 23 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2019

RUBEN ALONSO SANTANA
AMERICAN HOME HEALTH PROVIDERS, CORP
3408 W 84TH STREET STE 203
HIALEAH, FL 33018

SUBJECT: AMERICAN HOME HEALTH PROVIDERS, CORP.
Ref. Number: P07000038953

We have received your document for AMERICAN HOME HEALTH PROVIDERS, CORP., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 419A00003892

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SECRET
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AMERICAN HOME HEALTH PROVIDERS, CORP.

DOCUMENT NUMBER: P07000038953

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

Please return all correspondence concerning this matter to the following:

RUBEN ALONSO SANTANA
Name of Contact Person

AMERICAN HOME HEALTH PROVIDERS, CORP.
Firm/ Company

3408 W. 84TH STREET, SUITE 203
Address

HIALEAH, FLORIDA 33018
City/ State and Zip Code

AMERICANHOMEPROV@BELL.SOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RUBEN ALONSO SANTANA at (305) 820-3001
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:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate 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)

RECEIVED
 2019 FEB 20 PM 12:24
 SECRETARY OF STATE
 TALLAHASSEE, FL

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

Articles of Amendment
to
Articles of Incorporation
of

AMERICAN HOME HEALTH PROVIDERS, CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

P07000038953

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____ Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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

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)

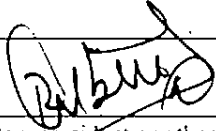
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

02/11/2019
Dated _____

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)

RUBEN ALONSO SANTANA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)