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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: BLANCA AZUZE	ENA HOME CARE, INC	
DOCUMENT NUMB	ER: P08000032320		<del> </del>
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	FERREIRO, EVA		
-		Name of Contact Person	1
	BLANCA AZUZENA HOM	IE CARE, INC	
-	<del></del>	Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	12414 SW 252 TR		
-		Address	
	HOMESTEAD, FL 33032		
-		City/ State and Zip Cod	e
alexfe	rreiro72@gmail.com		
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
FERREIRO, EVA		at (	417-3964
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

400 to 100

DI INOL LEUGENIA HOLE GUND NIC	of	15 AUG 10 AM 8: 58
BLANCA AZUZENA HOME CARE, INC		
(Name of Corpora P08000032320	tion as currently filed with th	ne Florida Dept. of State) A
1 0000000000000000000000000000000000000	ument Number of Corporation (	
(Doct	iment Number of Corporation (	(II KHOWII)
Pursuant to the provisions of section 607.1006, Florious Articles of Incorporation:	da Statutes, this Florida Profit	Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the	corporation:	
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Cor word "chartered," "professional association," or th	p," "Inc," or "Co". A profe	The new or "incorporated" or the abbreviation essional corporation name must contain the
B. Enter new principal office address, if applicab Principal office address <u>MUST BE A STREET AD</u>		<del></del>
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	<u></u>	
). If amending the registered agent and/or regist		ı, enter the name of the
new registered agent and/or the new registered  Name of New Registered Agent		
-		
-	(Florida street address)	
-	(Florida street address)	, Florida

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	PEREZ, ALEXANDER	12414 SW 252 TR
Add			HOMESTEAD, FL 33032
X Remove			
2) Change			
Add			*
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add	<del>,</del>		
Add Remove			

	ng or adding additional Ar ditional sheets, if necessary).	(Be specific)			
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fan amer	ndment provides for an exc is for implementing the am	hange, reclassific endment if not co	ation, or cancellat ntained in the amo	ion of issued share indment itself:	5.
<u>provision</u>	t applicable, indicate N/A)				
<u>provision</u>					

	08/06/2015	
The date of each amendment(s)	adoption:	, if other than th
date this document was signed.	8/06/2015	
Effective date if applicable:		
	(no more than 90 days after amendment file dat	e)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirement Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the an sufficient for approval.	nendment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and share	eholder
08/06/20 Dated	015	
	Henry	
Signature		
	a director, president or other officer – if directors or officers have sted, by an incorporator – if in the hands of a receiver, trustee, or	
	inted, by an incorporator – if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary)	ouici couri
,,,	FERREIRO, EVA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	