## P190000 20966

(Requ	uestor's Name)	
(Addr	ress)	
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## COVER LETTER

TO: Amendment Section Division of Corporations

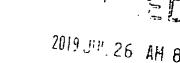
NAME OF CORPORATION: ARM Home Health, Corp.
OCUMENT NUMBER: <u>P19000020966</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Odenia Galvez Pestana Name of Contact Person  Apm Home Health, corp Firm/ Company  8270 Woodland Center Blud Ste 169  Address  Tampa FL 33614  City/ State and Zip Code  agm home health@gmail.com
E-mail address: (to be used for fature annual report notification)
for further information concerning this matter, please call:
Odenia Galvez Pestana at 813 ) 408 0515  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:
Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  Certificate Opy  (Additional Copy  is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Fallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation



ARM Home Health, Corp

(Name of Corporation as currently filed with the Florida Dept. of State) 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." 8270 Woodland Benter B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: Woodland Center (Mailing address MAY BE A POST OFFICE BOX) 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 8270 Woodland Center Blw. Suite 169
(Florida street address) Tampa . Florida 33614 New Registered Office Address:

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

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: <u>X</u> Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	$\underline{V}$	Mike Joi	nes	
X Add	<u>sv</u>	Sally Sn	<u>yith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3 ) Change		-		
Add				
Remove				
4) Change		_		
Add				
Remove				
51 Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Address change for both, Ali A Quinoues and Odenia
Galvez Pestana, under the Officer/Director Petail.
the new address for both is:
8270 Woodland Center Blud Suite 169
Tampa, FL 33614
TWIND TE SSOR
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) addate this document was signed.	loption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this hadocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
★ The amendment(s) was/were added by the shareholders was/were supplied to the shareholders was/were supplied to the shareholders.	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement 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)
	(voting group)
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
action was not required.	23 / 2019
(By a c selecte	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)
	Odema Galvez Restava (Typed or printed name of person signing)
	Vice President (Title of person signing)