

P18000023901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

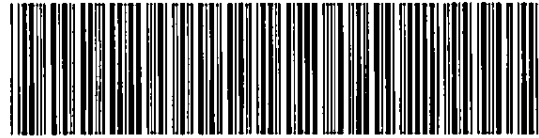
(Business Entity Name)

(Document Number)

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2018 SEP 25 P 3:31  
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SEP 27 2018

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: EH HEALTH CARE, CORP

DOCUMENT NUMBER: P18000023901

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

Please return all correspondence concerning this matter to the following:

ESTHER RANERO CARRAZANA

Name of Contact Person

Firm/ Company

2667 WEST 72 PL

Address

HIALEAH, FL 33016

City/ State and Zip Code

EMILIOHF0590@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ESTHER RANERO CARRAZANA

Name of Contact Person

at ( 305 )

384-8851

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)

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 12, 2018

ESTHER RANERO CARRAZANA  
2667 W 72 PL  
HIALEAH, FL 33016

SUBJECT: EH HEALTH CARE, CORP  
Ref. Number: P18000023901

We have received your document for EH HEALTH CARE, CORP 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 818A00018996

RECEIVED  
3 SEP 26 2018  
SECRETARY  
LAHASS

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

EH HEALTH CARE CORP

(Name of Corporation as currently filed with the Florida Dept. of State) 25 P 3:31

P18000023901

(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:**

RANERO HEALTH CARE CORP

*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**)

2667 WEST 72 PL.

HIALEAH, FL 33016

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

SAME

**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 ESTHER RANERO CARRAZANA

2667 WEST 72 PL, HIALEAH, FL 33016

(Florida street address)

New Registered Office Address: Hialeah, Florida 33016  
(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



(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

09/21/2018

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

09/21/2018

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.

09/21/2018

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)

EMILIO HERNANDEZ

\_\_\_\_\_  
(Typed or printed name of person signing)

OWER

\_\_\_\_\_  
(Title of person signing)