

102000006001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

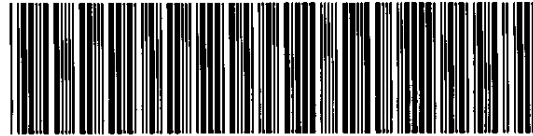
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600107514306

08/14/07--01025--007 **35.00

FILED
07 AUG 14 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name Crg. Friend
Jm 8/14/07

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Homes of Angels, Inc.

DOCUMENT NUMBER: NO2000006001

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

Please return all correspondence concerning this matter to the following:

Ernesto BeckforK
(Name of Contact Person)

(Firm/ Company)

1614 Carnegie Circle
(Address)

Tpa FL 33619
(City/ State and Zip Code)

For further information concerning this matter, please call:

Ernesto BeckforK at (813) 621-5228
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|--|
| <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

Home Of Angels

NOZ000606001

FILED

07 AUG 14 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Homes of Angels PMA, Inc.

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

(Attach additional pages if necessary)
(continued)

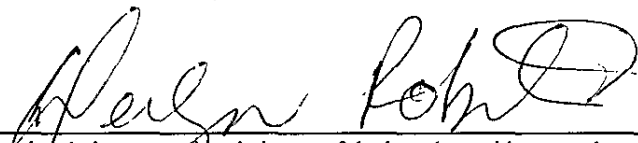
The date of adoption of the amendment(s) was: 8/14/07

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature


(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Deryn Robitz

(Typed or printed name of person signing)

(Title of person signing).

FILING FEE: \$35