

NO80000006479

(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



300181605123

06/14/10--01037--018 **35.00

10 JUN 23 AM 11:17

RECEIVED BY E-FILE
DIVISION OF CORPORATE AFFAIRS

Amend
C.COULLIETTE

JUN 23 2010

EXAMINER

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: VANDOR GERIATRIC HOMECARE, INC

DOCUMENT NUMBER: N08000006479

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

Please return all correspondence concerning this matter to the following:

DOROTHY ROBERTS

(Name of Contact Person)

VANDOR GERIATRIC HOMECARE, INC

(Firm/ Company)

4631 WEST PARK RD

(Address)

HOLLYWOOD FL 33021

(City/ State and Zip Code)

liburdcpas@juno.com

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

For further information concerning this matter, please call:

ADRIAN E. LIBURD

(Name of Contact Person)

at (954) 559-7652

(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

June 16, 2010

DOROTHY ROBERTS
VANDOR GERATRIC HOMECARE, INC
4631 WEST PARK RD
HOLLYWOOD, FL 33021

SUBJECT: VANDOR GERIATRIC HOMECARE, INC
Ref. Number: N08000006479

We have received your document for VANDOR GERIATRIC HOMECARE, INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You need to complete your application to include the name of the corporation and the document number if you know it, without this information, we would not know what corporation you are trying to amend.

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 310A00014824

2010 JUN 23 AM 8:00
TALLAHASSEE

Articles of Amendment
to
Articles of Incorporation
of

VANDOR GERIATRIC HOMECARE, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

N08000006479
(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For 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" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

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)

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:

New Registered Office Address:

_____ (Florida street address)

(City)

Florida

(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

10 JUN 23 AM 11:17
DIVISION OF CORPORATIONS
SECRETARY OF STATE

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

PLEASE ADD THIS SENTENCE TO ARTICLE III.

The organization is organized exclusively for charitable, religious, educational, and/or scientific purposes under section 501(3) of the Internal Revenue Code.

The date of each amendment(s) adoption: _____

06/09/10 ²
(date of adoption is required)

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

Dated JUNE 9, 2010

Signature

Dorothy Roberts 06/09/10

(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)

Dorothy Roberts

(Typed or printed name of person signing)

President/Chairperson

(Title of person signing)