

N/1000010142

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

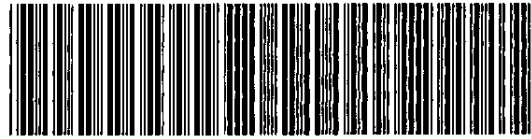
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*Amend/M*  
*E filed date*  
*1-1-2012*

**FILED**  
11 DEC -2 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*TH 12-5-11*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: OMNIBUS CARE MANAGEMENT & GUARDIANSHIP SERVICES, Inc.

DOCUMENT NUMBER: N 11000010142

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

Please return all correspondence concerning this matter to the following:

SHARMA S. ELDRIDGE  
(Name of Contact Person)

OMNIBUS CARE MGMT & GUARD. SERVICES, Inc  
(Firm/ Company)

4801 JEFFERSON STREET  
(Address)

HOLLYWOOD FL 33021  
(City/ State and Zip Code)

For further information concerning this matter, please call:

SHARMA S. ELDRIDGE at ( 954 ) 401-5214  
(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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

Articles of Amendment  
to  
Articles of Incorporation  
of

Effective Date  
1-1-12

OMNIBUS CARE MANAGEMENT and GUARDIANSHIP SERVICES,  
(Name of corporation as currently filed with the Florida Dept. of State) INC.

N 11 000010142

(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:

**NEW CORPORATE NAME (if changing):**

OMNIBUS HEALTH & HUMAN SERVICES, INC.

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

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

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TREASURY OF FLORIDA

THE PURPOSE OF THIS CORPORATION IS TO PROVIDE GUARDIANSHIP AND CARE MANAGEMENT SERVICES, PSYCHOLOGICAL AND SOCIAL SERVICES, EDUCATIONAL, MOTIVATIONAL, AND CHARITABLE SERVICES, AND CONSULTING SERVICES IN THOSE AND RELATED AREAS. THIS CORPORATION WILL OPERATE AS NON-PROFIT AND WILL MEET THE CURRENT AND ANY FUTURE REQUIREMENTS OF THE 501(c)(3) REGULATIONS OF THE INTERNAL REVENUE SERVICE.

Doc # N 11000010142

The date of adoption of the amendment(s) was: 11/29/2011

Effective date if applicable: 1/1/2012  
(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 Sharma S. Eldridge  
(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.)

SHARMA S. ELDRIDGE  
(Typed or printed name of person signing)

CHAIRMAN / PRESIDENT  
(Title of person signing)

**FILING FEE: \$35**