P01000 064 908

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Decimos Link, Name,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
11.





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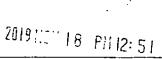
R. WHITE DEC 1 4 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AFFORDABL	E @ HOME HEARI	NG AID SERVICES, INC.			
DOCUMENT NUMB	ER:P010000649	908				
The enclosed <i>Articles</i> (of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
		TERESITA FAI	RIAS			
	Name of Contact Person					
	DIAZ HEARING INC					
	Firm/ Company					
	3220 SW 97TH CT					
•	Address					
	MIAMI, FL 33165					
		City/ State and Zip Co	de			
	IMPRO	VEDRESE@YAHO	O.COM			
		sed for future annual repor				
	concerning this matter, please) 621-4253			
Name o	f Contact Person	Area C	ode & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Dep	partment of State:			
S35 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)			
Ame Divi P.O.	ing Address Induct Section Island of Corporations Box 6327 Island of FL 32314	Amer Divis Clifte 2661	t Address Idment Section Idment Sect			

Articles of Amendment Articles of Incorporation of



(Name of Corporation as currently filed with the Florida Dept. of State)

AFFORDABLE @ HOME HEARING AID SERVICES, INC.

(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporation:	
DIAZ HEARING IN	C The new
name must be distinguishable and contain the word "corporation "Corp." "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "I	." "company," or "incorporated" or the abbreviation to the professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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: new registered agent and/or the new registered office address:	
Name of New Registered Agent	111
1Florida stre	et address)
New Registered Office Address:	, Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. Tam familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered 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:

President: V: Vice President: T = Treasurer, S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiefExecutive 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: N_Change	<u>64</u>	John Doe	
X Remove	$\underline{\mathcal{Y}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			-
2) Change			
Add		-	
Remove			
3) _ Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
St Change			
Add			
Remove			
6) Change			·
_ Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).		s) here:			
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 If an amendment provides for an exch provisions for implementing the ame 	ange, rectassification	on, or cancellat	<u>ion of issued sna</u> andmunt itself	ares,	
(1f not applicable, indicate NA)	ndineni ii not coma	men in the ame	nument usen.		
	 .				
					-
	+	-			
					
-					
					

The date of each amendment(s) adoption:	, if other than th
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 document's effective date on the Department of State's records.	will not be listed as th
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 mus: be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east 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.	
Dated 11/10/2019	
(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)	
TERESITA FARIAS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	