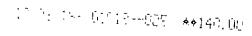
PO20000 96228

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(Document Number)
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Amend

OCT 12 1 2019

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ALL FLORIDA H	IOME HEALTH SERVICE	S, INC.		
DOCUMENT NUME	BER:				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	SUSY CABRERA, ESQ.				
•		Name of Contact Person	1		
	INDEPENDENT LIVING SYSTEMS, LLC				
		Firm/ Company			
	5200 BLUE LAGOON DRI	VE, SUITE 500			
	Address				
	MIAMI, FL 33126				
	City/ State and Zip Code				
112	Ottobootale a con-				
legal(@ilshealth.com	186	(Continu)		
	E-mail address: (to be u	sed for future annual report	nouncation)		
For further information	n concerning this matter, plea	se call:			
Susy Cabrera		at (262-1292 Ext. 106456		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment 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		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

ALL I	FLORIDA	HOME HEALTH SERVICES.	INC.
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(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P02000096228	<u> </u>
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
	5.5
	£3
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	
Name of New Registered Agent SUSY CABRERA, ESQ	·
(Florida s	street address)
New Registered Office Address:	, Florida
	(City) (Lip Code)
	(O.1)
New Registered Agent's Signature, if changing Registered Ager	
I hereby accept the appointment as registered agent. I am familian	with and accept the obligations of the position.
Simultan of Nav	Projectived 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:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive 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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	<u>s</u>	_	DAVID C. RISTAINO	5200 BLUE LAGOON DRIVE
Add				SUITE 500
X Remove				MIAMI, FL 33126
2) Change		- -		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				<u> </u>
Remove				
6) Change				
Add	-	_		
Remove				

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	
	· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
	

The date of each amendment date this document was signed		, if other than the
•	09/06/19	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more man 70 days after unertainen fre taile)	
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendmenter sufficient for approval.	nt(s)
	re approved by the shareholders through voting groups. The following state ad for each voting group entitled to vote separately on the amendment(s):	ement
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareho	older
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
09/06 Dated	·/19	
Signature	Juty J. Rlance	
(E Se	By director, president or other officer – if directors or officers have not be elected, by an incorporator – if in the hands of a receiver, trustee, or other of popointed fiduciary by that fiduciary)	
	NESTOR J. PLANA	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	· · · · · ·