

PD20000121923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

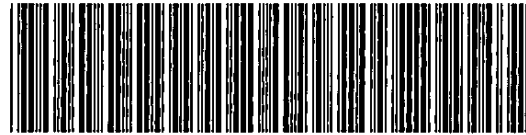
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 NOV 28 PM 12:17

Amend  
@ 11.28.06

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Loving Care Home Health of South Florida

**DOCUMENT NUMBER:** P02000121923

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

Please return all correspondence concerning this matter to the following:

Keisha Lopez  
(Name of Contact Person)

Loving Care Home Health of South Florida, Inc.  
(Firm/ Company)

11459 Silk Carnation Way  
(Address)

Boynton Beach FL 33411  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Keisha Lopez at (954) 464-1648  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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

November 9, 2006

KEISHA LOPEZ  
LOVING CARE HOME HEALTH OF SOUTH FLORIDA  
11459 SILK CARNATION WAY  
ROYAL PALM BEACH, FL 33411

SUBJECT: LOVING CARE HOME HEALTH OF SOUTH FLORIDA INC.  
Ref. Number: P02000121923

We have received your document for LOVING CARE HOME HEALTH OF SOUTH FLORIDA INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears you wish to change the corporate principal address.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6964.

Irene Albritton  
Document Specialist

Letter Number: 406A00066053

RECEIVED  
06 NOV 28 AM 8:00  
DIVISION OF CORPORATIONS

Articles of Amendment  
to  
Articles of Incorporation  
of

Loving Care Home Health of South Florida Inc.  
(Name of corporation as currently filed with the Florida Dept. of State)

PO2000121923

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

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

N/A -

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

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

The address of Loving Care Home Health of  
South Florida Inc. is changed to:

11459 Silk carnation way

Royal Palm Beach FL. 33411

The change will take effect immediately.

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

- N/A -

(continued)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 NOV 28 PM 12:17

The date of each amendment(s) adoption: 10/1/2006

Effective date if applicable: 10/1/2006  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were approved 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 must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast 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.

Signature Keisha W. Administrator

(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)

Keisha Lopez

(Typed or printed name of person signing)

Director

(Title of person signing)

**FILING FEE: \$35**