

PO3000 143635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

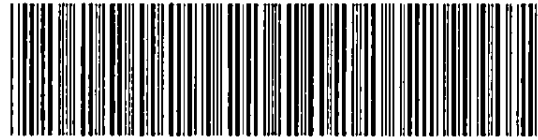
Copies _____

Certificates of Status _____

Instructions to Filing Officer.

J. HORNE
MAY - 4 2023

Office Use Only



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05/04/23 - 0100: P11 *\$35.00

FILED
2023 MAY -4 PM 1:20
SECRETARY
TALLAHASSEE

2023 MAY -4 PM 1:18
TALLAHASSEE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MIHOM HEALTHCARE, INC.

DOCUMENT NUMBER: P03000143635

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

Please return all correspondence concerning this matter to the following:

Carrie Duprey

Name of Contact Person

Mihom Healthcare, Inc

Firm/ Company

2100 SE Hillmoor Drive, Suite 102

Address

Port Saint Lucie, FL 34952

City/ State and Zip Code

cduprey@mihom.com

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

For further information concerning this matter, please call:

Leonel Orozco

at (954)

465-0212

Name of Contact Person

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 MAY -4 PM 1:10
SECRETARY
TALLAHASSEE

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

(Document Number of Corporation (if known))

A. If amending name, enter the new name of the corporation:

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 Leslie Liedy
3019 N Shannon Lakes Drive Suite 204
(Florida street address)

New Registered Office Address: Tallahassee, Florida 33209
(City) (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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|-------------------------------|-------------|------------------------------|-----------------------------------|
| 1) <u> </u> Change | <u>PD</u> | <u>Perry, Susan F</u> | <u>12065 NW 49 Drive</u> |
| <u> </u> Add | | | <u>Coral Springs, FL 33076</u> |
| <u>x</u> <u> </u> Remove | | | |
| 2) <u> </u> Change | <u>VP</u> | <u>Lardizabal, Mildred P</u> | <u>2301 SW 129 Ave</u> |
| <u> </u> Add | | | <u>Miramar, FL 33027</u> |
| <u>x</u> <u> </u> Remove | | | |
| 3) <u> </u> Change | <u>PD</u> | <u>Spitzer, Cheskel</u> | <u>2100 Hillmooor Drive</u> |
| <u>x</u> <u> </u> Add | | | <u>Suite 102</u> |
| <u> </u> Remove | | | <u>Port Saint Lucie, FL 34952</u> |
| 4) <u> </u> Change | <u> </u> | <u> </u> | <u> </u> |
| <u> </u> Add | | | <u> </u> |
| <u> </u> Remove | | | <u> </u> |
| 5) <u> </u> Change | <u> </u> | <u> </u> | <u> </u> |
| <u> </u> Add | | | <u> </u> |
| <u> </u> Remove | | | <u> </u> |
| 6) <u> </u> Change | <u> </u> | <u> </u> | <u> </u> |
| <u> </u> Add | | | <u> </u> |
| <u> </u> Remove | | | <u> </u> |

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

[illegible]

F. If an amendment provides for an 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)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 will not be listed as the document's effective date on the Department of State's records.

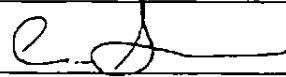
Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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 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)

05/04/2023
Dated _____

Signature 
(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)

Cheskel Spitzer

(Typed or printed name of person signing)

President and Director

(Title of person signing)