P04000030008

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Oity/State/21p/1 Hoffe #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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AmenQ C.COULLIETTE

JUN 09 2010

EXAMINER

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

	•	
		Office Use Only
RPORATION NAME(S) & DOCUM	MENT NUMBER(S), (ii	f known):
	ily Home	E CARE IN
(Corporation Name)	(Document #)	
	,	
(Corporation Name)	(Document #)	N-
(Corporation Name)	(Document #)	
	•	
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(Corporation Name)	(Document #)	
Walk in Pick up time	2.00	Certified Copy
☐ Mail out ☐ Will wait	Photocopy	Certificate of Status
	A WANTED BY WITHOUT	
EW FILINGS	AMENDMENTS	•
Profit	Amendment	D. A. Office and Office address
Not for Profit Limited Liability	Change of Regi	R.A., Officer/Director
Domestication	Dissolution/Wit	
Other	☐ Merger	·
THER FILINGS	REGISTRATION/	<u>OUALIFICATION</u>
Annual Report	☐ Foreign	
Fictitious Name	Limited Partner	ship
	Reinstatement Trademark	
	Other	•
		Examiner's Initials

Articles of Amendment to

Articles of Incorporation

PRETTY FAMILY HOME CARE INC

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

P04000030008		
(Document Number of Corporate	ion (if known)	
Pursuant to the provisions of section 607.1006, Florida Statut mendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation	adopts the follow
A. If amending name, enter the new name of the corporation	<u>n:</u>	
		The new
name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "C name must contain the word "chartered," "professional associa	orp," "Inc," or "Co". A profession	
3. Enter new principal office address, if applicable:	433 East 10th Street	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Hialeah, Fl 33010	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	433 East 10th Street	<u></u>
	Hialeah, FI 33010	
D. If amending the registered agent and/or registered office	address in Florida, enter the name	e of the
new registered agent and/or the new registered office ad	dress:	7
Name of New Registered Agent:		27
New Registered Office Address: (Flor	rida street address)	10 JUN-9 AM III: 38
·	, Florida	
(City) (Zip Code)	33
New Registered Agent's Signature, if changing Registered Albereby accept the appointment as registered agent. I am fan	Agent: niliar with and accept the obligations	of the position.
Signature of New	w Registered 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)

<u>Title</u>	Name	Address	Type of Action
<u> </u>	CRUZ, SAILE	2980 SW 103 Ct Miami, Fl 33165	☐ Add ☑ Remove
<u>P</u>	CRUZ, SAILE	433 East 10th Street Hialeah, Fl 33010	☑ Add □ Remove
		•	
provisi		ange, reclassification, or cancellation (dment if not contained in the amendm	

The date of each amendmen	t(s) adoption: June 1st, 2010
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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)
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_Jun	e 1st, 2010
Signature _	
	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court
	pointed fiduciary by that fiduciary)
	Saile Cruz
	(Typed or printed name of person signing)
	Directors President
	(Title of person signing)
_	