

P040000045549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

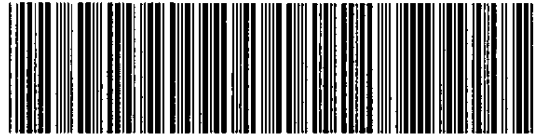
(Business Entity Name)

(Document Number)

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Amend

09/23/09--01033--004 **35.00

2009 SEP 23 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ASR
9/24/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PRO-LIFE HOME HEALTH SERVICES INC.

DOCUMENT NUMBER: P04000045549

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

Please return all correspondence concerning this matter to the following:

MARIA SANTIAGO

Name of Contact Person

STARTUP HOME HEALTH CONSULTANT, INC.

Firm/ Company

901 S. STATE ROAD 7, SUITE 327

Address

HOLLYWOOD, FL 33023

City/ State and Zip Code

startup_hhc@yahoo.com

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

For further information concerning this matter, please call:

MARIA SANTIAGO

Name of Contact Person

at (954)

985-5655

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

2009 SEP 23 PM 12:45

PRO-LIFE HOME HEALTH SERVICES INC.

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

P04000045549

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

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

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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:

New Registered Office Address:

(Florida street address)

(City)

*_____, Florida
(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*

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	IRENE OTANO	7401 N.W. 7 STREET SUITE 2 MIAMI, FL 33126	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)
AMENDMENT #5:

THE CORPORATION IS ADDING IRENE OTANO AS VICE-PRESIDENT,
 TREASURER AND 50% OWNER OF ALL SHARES OF STOCK (500 SHARES).
 ADA C. LEYVA WILL CONTINUE AS PRESIDENT, SECRETARY, AND WILL NOW
 OWN 50% OF ALL SHARES OF STOCK (500 SHARES) IN THE CORPORATION.

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 THE AMENDMENT ADOPTION WILL BE AUGUST 15, 2009
 THIS AMENDS "AMENDMENT #1" WHICH WAS FILED WITH THE STATE OF
 FLORIDA ON MAY 4TH 2007. IT ALSO AMENDS ANY PRIOR ARTICLES OR
 AMENDMENTS OF THE CORPORATION THAT HAS TO DO WITH OWNERSHIP
 OF THE SHARES OF STOCK OF THE CORPORATION.

The date of each amendment(s) adoption: AUGUST 15, 2009

Effective date if applicable: AUGUST 15, 2009 (date of adoption is required)
(no more than 90 days after amendment file date)

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 must be separately provided for each voting group entitled to vote separately on the amendment(s):*

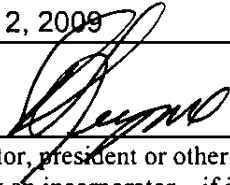
"The number of votes cast for the amendment(s) was/were sufficient for approval

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.

Dated AUGUST 12, 2009

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)

ADA C. LEYVA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)