P04000091729

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
OF

Amend

OCT 3 1 2012

T. BROWN



1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994 Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

(CORPORATE NAM		Agency POY00091		
2(CORPORATE NAM	E)	(DOCUMENT #)		
3. (CORPORATE NAM	E)	(DOCUMENT#)		
「Walk-In	Pick up time:	d Conv. Certificate Of Status		
	Pick up time: Certifie	1		
Walk-In New Filings	Pick up time: Certifie Amendments Amendments	Other Filings		
New Filings	Amendments	1		
New Filings	Amendments Amendments	Other Filings Annual Report		

Examiners Initials

12 OCT 31 PM 2:51

Articles of Amendment to Articles of Incorporation of

A Plus Home Care Agency Inc	
(Name of Corporation as currently filed with the Florida Dept of State)	
P04000091729	
(Dcc :ment Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Fiorida Statutes, this <i>Florida Profit Corporation</i> adopts the following amenda is Articles of Incorporation:	nent(s) to
A. If amending name, enter the new name of the corporation:	
The must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviati "Corp.," "Inc.," or Co.," or the disignation "Corp." "Inc," or "Co". A professional corporation name must contain tword "chartered," "professional as ociation," or the abbreviation "P.A."	on
3. Enter new principal office ad tress, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address. i inpolicable: (Mailing address MAY BE A POST OFFICE BOX)	
). If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the pew registered office address:	
Name of New Registered Attent	
(Florida street address)	
New Registered Office Add ess: , Florida , Florida	
(City) (Ziṛ Code)	
Lew Revistered Agent's Signatury, if changing Registered Agent; hereby accept he appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature of New Registered Agent, if changing	

(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 Firancial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Freasurer, Directo-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, Mika Jones leaves the exporation, Sally Smith is named the V and S. These should be noted as John Doe, PI as a Change, Mike Jones, V as Remove, and Sall) Smith, SV as an Add. Example: X Change <u>PT</u> <u>ìghn Doe</u> X Remove $\underline{\mathbf{V}}$ Mike Jones <u>X</u> Add SV Fally Smith Type of Action <u>Title</u> <u>Addres</u>s Name (Check One) Hernandez Jose E. JR. 317 W Krone Avenue ULLS 1) ____ Change Homestead, FC-33030 ____ Add X Romova 2) ____ Change ___ Add ____ Remove 3) ____ Change ____ Add ____ Remove 4) ____ Change _____ Add .__ Remove 5) ____ Change ____ Add ____ Remove 6) ____ Change

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:

___ .Add

_Remove

(Attach add	g or adding additi itional sheets, if nec	usary). (Bespe	cifi¢)			
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provisions	dinent provides fo for implementing applicable, indicat	the amendment i	classification, or f not contained i	cancellation of i	ssued şhares, t itself:	
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The date of each amendment(s) adoption: August 27, 2012
Effective date if applicable: August 27, 2012
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were ado sted 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 applied 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 amondment(s) was/were sufficient for approval
by
(voung group)
The amendment(a) 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_10[8]13
Signature
(By a diffector, cresident or other officer – if directors or officers have not been selecter, by an incorporator – if in the hands of a receiver, trustee, or other court appoint ad fiduciary by that fiduciary)
Gina A. Guerra
(Typed or printed name of person signing)
President
(Title of person signing)