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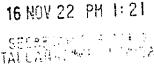


## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Home Care Unlim	ited, Inc.	
DOCUMENT NUM	D04000126220		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Deborah M. Cobas, RN		
		Name of Contact Person	1
	Home Care Unlimited, Inc.		
	<u></u>	Firm/ Company	
	13002 SW 120th Street	• •	
		Address	
	Miami, Florida 33186		
		City/ State and Zip Cod	e
home	ecareunlimite@bellsouth.net		
	<del>_</del>	sed for future annual report	notification)
	is man address, (to be a	sea for facure annual report	normeacion)
For further informatio	n concerning this matter, pleas	se call:	
Deborah M. Cobas, RN		at ( 305	255-0150
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)
Am Div P,O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Home Care Unlimited, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P04000135238 (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: 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." 13002 SW 120th Street B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) Miami, Florida 33186 C. Enter new mailing address, if applicable: 13002 SW 120th Street (Mailing address MAY BE A POST OFFICE BOX) Miami, Florida 33186 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 13002 SW 120th Street (Florida street address) Florida\_33186 Miami New Registered Office Address: (City) 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)

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 hold. 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Cheek One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Na Change	PT	Ivan L. Lopez	13002 SW 120th Street
Add			Miami, Florida 33186
Remove			
2) NX Change	VP	Jose R. Martinez	13002 SW 120th Street
Add			Miami, Florida 33186
Remove			
3 ) NN Change	S	Deborah M. Cobas	13002 SW 120th Street
Add			Miami, Florida 33186
Remove			
4)Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	s block does not meet the applicable statutory filing requirements, this date with Department of State's records.	ll not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
11/10/20 Dated Signature		
(By a selec	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	-
	Deborah M. Cobas	
	(Typed or printed name of person signing)	
	Secretary	
	(Title of person signing)	