P04000/40093

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Amend 1C T. Lewis

SECRETASY OF STATE ALLAHASCEE, FLORES

COVER LETTER

TO: Amendment Section

Division	of Corporations	•		
NAME OF C	ORPORATION: <u>Lleieng</u>	r Madal Seen	1025, INC.	
DOCUMENT	NUMBER: POYA	00140093	-1.1.2	
The enclosed	Articles of Amendment and fee are	submitted for filing.		
Please return a	all correspondence concerning this	matter to the following:		
	[13af 1	lenena		
,	(Name of	Contact Person)	······································	
LLenera Home Healfur Cane INC. (Firm/ Company)				
	(Firm	/ Company)		
	11890500 85	1 511/2 201		
11890500 854, SUITE 201 (Address)				
	MIAMI, FC	23184	····	
(City/ State/ and Zip Code)				
For further information concerning this matter, please call:				
1.	/ //			
	Name of Contact Person)	at (<u>736</u>) <u>3/8-</u> (Area Code & Daytime Te	elephone Number)	
	check for the following amount:	•	,	
Enclosed is a c	neck for the following amount.	.1		
☐ \$35 Filing Fee	e □ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee Certificate of Status	
	Confidence of Status	(Additional copy is enclosed)	Certified Copy (Additional Copy is enclosed)	
	Mailing Address	Street Address		
	Amendment Section	Amendment Section		

Division of Corporations 409 E. Gaines Street

Tallahassee, FL 32399

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 9, 2005

LISET LLERENA LLERENA HOME HEALTH SERVICES, INC. 11890 SW 8 ST., SUITE 201 MIAMI, FL 33184

SUBJECT: LLERENA MEDICAL SERVICES, INC.

Ref. Number: P04000140093

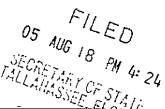
We have received your document for LLERENA MEDICAL SERVICES, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$43.75.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Letter Number: 105A00051001

Thelma Lewis
Document Specialist Supervisor

Articles of Amendment to Articles of Incorporation



Llexens Medical Services, Inc.

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

<i>P04800140</i> 093
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> dopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
Lleneng Home Health Care, Inc.
Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
MENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) nd/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
Acticle I - THE NEW Name of the Contraction 15:
Leena Home Health Care, M.
Acticle II - the New paintful place of Quaness 13.
1189050 Bof, Suite 201, Many, FL 33184
THE NEW Mailing Address 16:
11890 SW 85t, Suite 201, Miani, Fl 38184
Ashelle VIII - THE New U-P of the Conforation is
- Title: V-President
- Name: Yanely Marin
Addless: Vanely Marin (Attach additional pages if necessary) (Attach additional pages if necessary) f an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions
or implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption:	
Effective date if applicable: 08/01/05	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	or
☐ 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	У
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder acti and shareholder action was not required.	on
☐ The amendment(s) was/were adopted by the incorporators without shareholder action a shareholder action was not required.	nd
Signed this day of	
(Typed or printed name of person signing)	
President -	
(Title of person signing)	

FILING FEE: \$35