

**P04000146702**

Florida Department of State  
Division of Corporations  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN**

**NEW LIFE HOME HEALTHCARE INC.**

Certificate of Status	0
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FAX NO. : 3052201440

11/19/2008 3:35 PAGE 001/001

Nov. 19 2008 05:21PM P2  
Florida Dept. of State



November 19, 2008

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

NEW LIFE HOME HEALTCARE INC.  
3155 SW 42 STREET  
04  
MIAMI, FL 33175

SUBJECT: NEW LIFE HOME HEALTCARE INC.  
EF: P04000140702

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please provide us with signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Sylvia Gilbert  
Regulatory Specialist II

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11/19/2008 01:49 3058252940

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Nov. 19 2008 05:22PM P4

VALDES MUSA VALDES

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H08000259637

Articles of Amendment  
to  
Articles of Incorporation  
of

2008 NOV 19 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

New Life Home Health Care, Inc.

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

P04000140702

(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:

Berto Javier Arias

13155 S.W. 42nd Street, # 104

New Registered Office Address:

(Florida street address)

Miami

(City)

Florida 33176

(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.

BERTO J. ARIAS

Signature of New Registered Agent, if changing

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11/19/2008 01:49

3058252948

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**H08000259637**

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>
<u>PSTD</u>	<u>Berto Javier Arias</u>	<u>13155 S.W. 42nd Street</u> <u>Suite 104</u> <u>Miami, FL 33175</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>P</u>	<u>Jorge Rodriguez</u>	<u>13155 S.W. 42nd Street</u> <u>Suite 104</u> <u>Miami, FL 33175</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>V</u>	<u>Maylen Piedra</u>	<u>13155 S.W. 42nd Street</u> <u>Suite 104</u> <u>Miami, FL 33175</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

(SEE ATTACHED ADDITIONAL SHEET)

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

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)

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**H08000259637**

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>
ST	Alicia Piedra	13155 S.W. 42nd Street Suite 104 Miami, FL 33175	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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)

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The date of each amendment(s) adoption: 8/28/08

Effective date if applicable: \_\_\_\_\_

(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 28, 2008

Signature \_\_\_\_\_

BERTO J. ARIAS

(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)

Berto Javier Arias

(Typed or printed name of person signing)

President

(Title of person signing)

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