

P04000152225

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*Amend*

05/16/05--01002--025 \*\*210.00

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

05 MAY 16 AM 9:37

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FILED  
05 MAY 16 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
5/16/05  
AOR

EXPRESS CORPORATE FILING SERVICE INC.  
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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Master Superior Home Care Services Inc  
(Corporation Name) (Document #) PO4000152225
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

Articles of Amendment  
to  
Articles of Incorporation  
of

MASTER SUPERIOR HOME CARE SERVICES INC

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

P04000152225

(Document number of corporation (if known))

FILED  
05 MAY 16 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**NEW CORPORATE NAME (if changing):**

(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.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

**WE WILL ADD:**

MARTIN N. BHERVIZ (VP)

12260 SW 8 ST. #224

MIAMI, FL 33184

**THE NEW PRINCIPAL/MAILING, REGISTERED AGENT AND OFFICERS ADDRESS WILL BE:**

12260 SW 8 ST. #224

MIAMI, FL 33184

(Attach additional pages if necessary)

If an amendment provides for 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)

ANTHONY MARTIN 50%

MARTIN N. BHERVIZ 50%

(continued)

The date of each amendment(s) adoption: 05-13-05

Effective date if applicable: \_\_\_\_\_  
(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.
- ☐ 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.

Signed this 13 day of MAY, 2005.

Signature Anthony Martin  
(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)

ANTHONY MARTIN  
(Typed or printed name of person signing)

P/D  
(Title of person signing)

**FILING FEE: \$35**