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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: CARE ONE HOMI | E HEALTH INC | |
|--|---|--|
| DOCUMENT NUMBER: P04000152852 | | |
| The enclosed Articles of Amendment and fee are sub- | omitted for filing. | |
| Please return all correspondence concerning this matt | ter to the following: | |
| YANETTE LORENZO | | |
| - | Name of Contact Persor | 1 |
| CARE ONE HOME HEALTE | LINC | |
| | Firm/ Company | |
| 12905 SW 42ND STREET, S | UITE 114 | |
| | Address | |
| MIAMI, FLORIDA 33175 | | |
| - | City/ State and Zip Code | ; |
| CAREONEHOMEHEALTH@YAF | ЮО.СОМ | |
| E-mail address: (to be use | ed for future annual report | notification) |
| For further information concerning this matter, please | call: | |
| YANETTE LORENZO | at (| _) 228-0301 |
| Name of Contact Person | Area Coo | le & Daytime Telephone Number |
| Enclosed is a check for the following amount made pa | ayable to the Florida Depa | rtment of State: |
| ■ \$35 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) |

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address

Amendment Section Division of Corporations Clifton Building

Articles of Amendment to Articles of Incorporation of

| | ZIII NUG - 9 Paradonic MEDINANISEE, FL |
|---|--|
| (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adomits Articles of Incorporation: A. If amending name, enter the new name of the corporation: In amending name, enter the new name of the corporation. In amending name, enter the new name of the corporation. In amending name, enter the new name of the corporation. In amending name, enter the new name of the corporation. In amending name, enter the new name of the corporation. In amending name, enter the new name of the corporation. In amending name, enter the new name of the corporation. In a company, "or "incorporation "Corp.," "Inc.," or "Co". A professional corporation word "chartered." "professional association." or the abbreviation "P.A." It is a professional corporation of the corporation. In a professional corporation of the abbreviation "P.A." It is a professional corporation of the abbreviation "P.A." It is a professional corporation of the abbreviation "P.A." It is a professional corporation of the abbreviation "P.A." It is a professional corporation of the abbreviation "P.A." It is a professional corporation of the abbreviation "P.A." It is a professional corporation of the abbreviation "P.A." It is a professional corporation of the corporation. It is a professional corporation of the corporation | The rporated or the abbrevioration name must contain |
| Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation addition Articles of Incorporation: A. If amending name, enter the new name of the corporation. The same must be distinguishable and contain the word "corporation," "company," or "incorporation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation 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) SUITE 114 MIAMI, FLORIDA 33175 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | The rporated or the abbrevioration name must contain |
| A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation 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) SUITE 114 MIAMI, FLORIDA 33175 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | The rporated or the abbrevioration name must contain |
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| (Principal office address MUST BE A STREET ADDRESS) SUITE 114 MIAMI, FLORIDA 33175 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 12905 SW 42ND STREET | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 12905 SW 42ND STREET | |
| (Mailing address MAY BE A POST OFFICE BOX) | ET |
| SUITE 114 | |
| 7,511,511 | |
| MIAMI, FLORIDA 33175 | 75 |
| D. If amending the registered agent and/or registered office address in Florida, enter the name onew registered agent and/or the new registered office address: | ame of the |
| Name of New Registered Agent | |
| 12905 SW 42ND STREET, SUITE 114 | <u> </u> |
| (Florida street address) MIAMI | |
| | |
| (City) | Florida 33175 |

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 held. 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 | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) X Change | DP | YANETTE LORENZO | 12905 SW 42ND STREET |
| Add | | | SUITE 114 |
| Remove | | | MIAMI, FLORIDA 33175 |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | ··· |
| 4) Change | 4 | | |
| Add | | | |
| Remove | | | |
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| Add | | | |
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| 6) Change | | | |
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| | ndment if not cont | ained in the ame | ndment itself: | 11C3. | |
| provisions for implementing the amei | | | | | |
| (if not applicable, indicate N/A) | | <u> </u> | | | |
| (if not applicable, indicate N/A) | | | | <u> </u> | |
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| provisions for implementing the amer (if not applicable, indicate N/A) | | | | | |

| date this document was signed. | option:, if other than the |
|--|---|
| Effective date <u>if applicable</u> : | |
| | (no more than 90 days after amendment file date) |
| Note: If the date inserted in this bedocument's effective date on the De | lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records. |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) |
| ☐ The amendment(s) was/were add by the shareholders was/were su | pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval. |
| ☐ The amendment(s) was/were app must be separately provided for | roved by the shareholders through voting groups. The following statement 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) |
| | (voting group) |
| ☐ The amendment(s) was/were add action was not required. | pted by the board of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were add action was not required. | pted by the incorporators without shareholder action and shareholder |
| DatedSignature | rector, president or other officer - if directors or officers have not been |
| select e | rector, president or other 0 fficer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) |
| | YANETTE LORENZO |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |