

P04000/57361

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

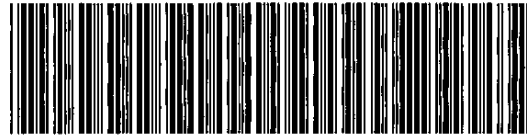
(Business Entity Name)

(Document Number)

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06 JUL 18 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/05/06--01025--014 **35.00

6x Amend

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NEW LIFE HEALTH CARE, INC

DOCUMENT NUMBER: P04000157361

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARNALDO HERNANDEZ

(Name of Contact Person)

TAXPLUS & ACCOUNTING, INC

(Firm/ Company)

4445 W. 16 Ave. STE. 406

(Address)

HIWLOHAY FL. 33012

(City/ State and Zip Code)

For further information concerning this matter, please call:

STANB AS ABOVE

(Name of Contact Person)

at (905) 828-7227

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2006

ARNALDO HERNANDEZ
TAX PLUS & ACCOUNTING, INC
4445 W. 16 AVE., STE. 406
HIALEAH, FL 33012

SUBJECT: NEW LIFE HEALTH CARE, INC
Ref. Number: P04000157361

We have received your document for NEW LIFE HEALTH CARE, INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption of each amendment must be included in the document.

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

If you have any questions concerning the filing of your document, please call (850) 245-6878.

Alan Crum
Document Specialist

Letter Number: 506A00044559

RECEIVED
DIVISION OF CORPORATIONS
JUL 13 AM 8:00

ATTACHED: CORRECTED (DATED) DOCUMENT!
Thanks.

Articles of Amendment
to
Articles of Incorporation
of

NEW LIFE HEALTH CARE, INC
(Name of corporation as currently filed with the Florida Dept. of State)

P04000157361

(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:

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)**

ARTICLE VI: ADD: MR. ADOLFO NAQUID

(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)

(continued)

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06 JUL 18 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: 06/01/2006

Effective date if applicable: - SAME AS ABOVE -
(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.

Signature

M. Alvarez
(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)

MIRIAM R. ALVAREZ
(Typed or printed name of person signing)

PRESIDENT.
(Title of person signing)

FILING FEE: \$35