

POS 000026139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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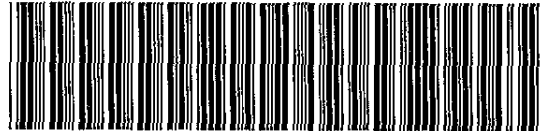
(Business Entity Name)

(Document Number)

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03/10/05--01047--010 \*\*35.00

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05 MAR 10 PM 2:38

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TALLAHASSEE, FLORIDA

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Amen  
3/10/10

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Caring Hands Home Health Care Inc.  
DOCUMENT NUMBER: PO5000026139

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

Please return all correspondence concerning this matter to the following:

ADEBUSOLA CORDOVA  
(Name of Person)

Caring Hands Home Health Care  
(Name of Firm/ Company)

403 N. Main Street Suite 5  
(Address)

Hainesville FL 32030  
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Adebusola Cordova at ( 800 ) 5105977  
(Name of Person) (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  
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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  
409 E. Gaines Street  
Tallahassee, FL 32399

Articles of Amendment  
to  
Articles of Incorporation  
of

Caring Hands Home Health Care Inc.

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

Do 50000 26135

(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.")

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

Delete : Yancy Sonn

: Pamela Woodworth

Add : Adebusola Cordoua - CFO

Lakeshia Siple - Director of  
Rehab.

403 N. main Street Suite 5

Hawthorne Fl. 32033

(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)

The date of each amendment(s) adoption: 3/10/05

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 10 day of March, 2005

Signature

Adebusola Cordwa  
(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)

Adebusola Cordwa  
(Typed or printed name of person signing)

CEO  
(Title of person signing)