

PD50000143634

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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10/31/06--01021--017 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC -4 PM 4:47

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HEAVENLY HOME HEALTH AGENCY, CORP.

DOCUMENT NUMBER: P05000143634

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

Please return all correspondence concerning this matter to the following:

LISSETTE MARTINEZ

(Name of Contact Person)

HEAVENLY HOME HEALTH AGENCY, CORP.

(Firm/ Company)

1800 WEST 49 ST SUITE 234

(Address)

HIALEAH FL 33012

(City/ State and Zip Code)

For further information concerning this matter, please call:

LISSETTE MARTINEZ

(Name of Contact Person)

at (786) 262-7033

(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

RECEIVED
DEC-4 AM 8:30
DIV OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2006

LISSETTE MARTINEZ
HEAVENLY HOME HEALTH AGENCY, CORP.
1800 WEST 49 ST., SUITE 234
HIALEAH, FL 33012

SUBJECT: HEAVENLY HOME HEALTH AGENCY, CORP
Ref. Number: P05000143634

We have received your document for HEAVENLY HOME HEALTH AGENCY, CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 806A00065892



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 1, 2006

LISSETTE MARTINEZ
HEAVENLY HOME HEALTH AGENCY, CORP.
1800 WEST 49 ST., SUITE 234
HIALEAH, FL 33012

SUBJECT: HEAVENLY HOME HEALTH AGENCY, CORP
Ref. Number: P05000143634

We have received your document for HEAVENLY HOME HEALTH AGENCY, CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to sign the form.

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) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 406A00064680

Articles of Amendment
to
Articles of Incorporation
of

HEAVENLY HOME HEALTH AGENCY, CORP.

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

P05000143634

(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):

N/A

(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)**

DELETE: VP (VICE-PRESIDENT) ARMANDO HIDALGO

1501 SW 10 ST MIAMI FL 33130

(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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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC -4 PM 4:47

The date of each amendment(s) adoption: 10-17-06

Effective date if applicable: N/A
(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.

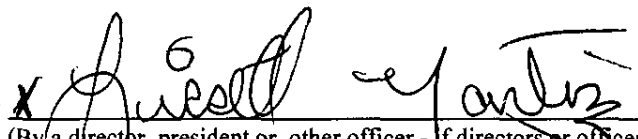
☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"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


(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)

LISSETTE MARTINEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35