

MAR. 6. 2007 4:37 PM

CAPITAL CONNECTION

NO. 6226

P06000019738

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 205-0380

RE-SUBMIT

PLEASE OBTAIN THE ORIGINAL
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From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAR - 6 AM 10:39

APPROVED
AND
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COR AMND/RESTATE/CORRECT OR O/D RESIGN

FAMILY HOME HEALTH CARE SERVICES CORP.

Certificate of Status	0
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CAPITAL CONNECTION

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Florida Dept of State



March 6, 2007

FLORIDA DEPARTMENT OF STATE

Division of Corporations

FAMILY HOME HEALTH CARE SERVICES CORP.
949 SW 122ND AVE.
MIAMI, FL 33184

SUBJECT: FAMILY HOME HEALTH CARE SERVICES CORP.
REF: P06000019738

RE-SUBMIT

PLEASE OBTAIN THE ORIGINAL
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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The incorporator(s) cannot be amended or changed. Please correct your document accordingly.

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) 245-6903.

Cheryl Coulliette
Document Specialist

FAX Aud. #: H07000059093
Letter Number: 107A00015904

RECEIVED

07 MAR -6 AM 8:00

DIVISION OF CORPORATIONS

RE-SUBMIT

PLEASE OBTAIN THE ORIGINAL
FILE DATE

Articles of Amendment
to
Articles of Incorporation
of

Family Home Health Care Services, Corp.

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

P06000019738

(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 IV-Delete Yipsy Martinez as the Registered Agent

Article IV-Add Yuri Martinez as the Registered Agent. The address remain the same.

Article VI-Delete Yipsy Martinez as the President.

Article VI-Add Yuri Martinez as the President. The address remain the same.

Article VI-Delete Mellyn Valladares as the Vice-President.

Article VI-Add Nivia A. Conde as the Vice-President. The address remain the same.

(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)

N/A

(continued)

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CAPITAL CONNECTION

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The date of each amendment(s) adoption: February 21, 2007

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.

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)

Yun Martinez

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35

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