

P06 000043787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

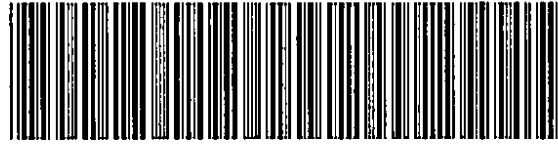
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800349374438

07/31/20--01019--025 **35.00

2020 OCT 14 11:06:11

Alcme chg

OCT 14 2020

CRITTON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2020

RCCI CONSULTANTS
215 GRAND AVE
CORAL GABLES, FL 33133

SUBJECT: MALIBU LOVE AND CARE HEALTHCARE AGENCY, INC.
Ref. Number: P06000043787

We have received your document for MALIBU LOVE AND CARE HEALTHCARE AGENCY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 320A00018039

2020-09-21 12:23

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Malibu Love and Care Healthcare Agency, Inc.

DOCUMENT NUMBER: PO6000043787

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

Please return all correspondence concerning this matter to the following:

Rosemarie Nicholas
Name of Contact Person

Malibu Love and Care Healthcare Agency, Inc.
Firm/ Company

1468 S. Palm Ave
Address

Pembroke Pines, FL 33025
City State and Zip Code

caring@malibuhh.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosemarie Nicholas at (954) 362-3831
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$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)

* please see letter
attached *

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Malibu Love and Care Healthcare Agency, Inc.

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

P06000043787

(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:

A. If amending name, enter the new name of the corporation:

Malibu Love & Care Healthcare Agency, Inc. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the 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**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>Change</u>	_____	_____	_____
<u> Add </u>	_____	_____	_____
<u> Remove </u>	_____	_____	_____
2) <u>Change</u>	_____	_____	_____
<u> Add </u>	_____	_____	_____
<u> Remove </u>	_____	_____	_____
3) <u>Change</u>	_____	_____	_____
<u> Add </u>	_____	_____	_____
<u> Remove </u>	_____	_____	_____
4) <u>Change</u>	_____	_____	_____
<u> Add </u>	_____	_____	_____
<u> Remove </u>	_____	_____	_____
5) <u>Change</u>	_____	_____	_____
<u> Add </u>	_____	_____	_____
<u> Remove </u>	_____	_____	_____
5) <u>Change</u>	_____	_____	_____
<u> Add </u>	_____	_____	_____
<u> Remove </u>	_____	_____	_____

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.


☐ The amendment(s) was/were adopted 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)

Dated 9/2/2020

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)

Rosemarie Nicholas
(Typed or printed name of person signing)

Vice President
(Title of person signing)