

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

PO000053392

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H140001516243-BCV

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Division of Corporations
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
ML HOME CARE, INC**

Certificate of Status	0
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14 JUN 25 PM 3:39
STATE OF FLORIDA
MULTI-DISTRICT COURTS



June 25, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ML HOME CARE, INC
3383 NW 7 ST
SUITE 204
MIAMI, FL 33125

SUBJECT: ML HOME CARE, INC
REF: P06000053392

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.

PAGE 3 OF 4 AND PAGE 4 OF 4 ARE MISSING.

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Cathy A Carrothers
Regulatory Specialist

FAX Aud. #: H14000151624
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RECEIVED
14 JUN 25 PM 12:28
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327 TALLAHASSEE, FL 32314

H14000151624
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Articles of Amendment
to
Articles of Incorporation
of

14 JUN 25 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ML HOME CARE, INC

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

P06000053392

(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:

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 **ARMANDO GRANDIA CORDERO**
14850 SW 26 ST STE 205 MIAMI, FL 33185
(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

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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 PTD 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:

- Change PT John Doe
- Remove V Mike Jones
- Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Mercedes Dominguez</u>	<u>14850 SW 26 ST</u> <u>Ste 205</u> <u>Miami, FL 33185</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Mercedes Dominguez</u>	<u>14850 SW 26 ST</u> <u>Ste 205</u> <u>Miami, FL 33185</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Armando Grandia Cordero</u>	<u>14850 SW 26 ST</u> <u>Ste 205</u> <u>Miami, FL 33185</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>Edelmira Valle</u>	<u>14850 SW 26 ST</u> <u>Ste 205</u> <u>Miami, FL 33185</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

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The date of each amendment(s) adoption: June 6, 2014, if other than the date this document was signed.

Effective date if applicable: June 6, 2014
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

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)

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.

Dated 06/18/2014

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)

Armando Cordero Grandia
(Typed or printed name of person signing)

President/ Registered Agent
(Title of person signing)

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14 JUN 25 PM 3:39
SECRETARY OF STATE
PHILADELPHIA, PA 19106

1624