

P06000141504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

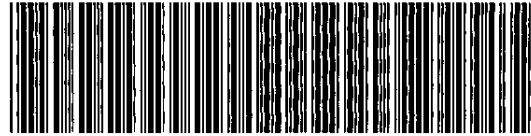
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500184822785

09/02/10--01019--014 \*\*35.00

FILED  
10 OCT -4 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Ann 10/5/10*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** HEAVEN HOME HEALTH CARE, INC

**DOCUMENT NUMBER:** P06000141504

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

Please return all correspondence concerning this matter to the following:

MONICA CARVAJAL

Name of Contact Person

Firm/ Company

16300 NE 19TH AVENUE SUITE # 237

Address

NORTH MIAMI BEACH, FL 33162

City/ State and Zip Code

HEAVENHOMEHEALTHCARE@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONICA CARVAJAL

Name of Contact Person

at ( 786 )

325-6219

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)

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 8, 2010

MONICA CARVAJAL  
16300 NE 19TH AVE., STE 237  
NORTH MIAMI BCH, FL 33162

SUBJECT: HEAVEN HOME HEALTH CARE, INC.  
Ref. Number: P06000141504

We have received your document for HEAVEN HOME HEALTH CARE, 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):

Please complete Article(s) D.

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) 245-6916.

Carol Mustain  
Regulatory Specialist II

Letter Number: 910A00021333

Articles of Amendment  
to  
Articles of Incorporation  
of

Heaven Home Health Care, Inc.

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

PO6000141504

(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:*

Monica Canvaja

*New Registered Office Address:*

16300 NE 19th Ave #237

*(Florida street address)*

NMB

*(City)*

Florida

*(Zip Code)*

33162

FILED  
10 OCT -4 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

***\** 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.*

Monica Canvaja  
*Signature of New Registered Agent, if changing*

**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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>RA</u>	<u>GINA FORERO</u>	<u>16300 NE 19TH AVE</u> <u>SUITE # 237</u> <u>NORTH MIAMI BEACH, FL <del>33161</del></u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>RA</u>	<u>MONICA CARVAJAL</u>	<u>16300 NE 19TH AVENUE</u> <u>SUITE # 237</u> <u>NORTH MIAMI BEACH, FL <del>33161</del></u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>P</u>	<u>CARMELA RUBALCABA</u>	<u>SAME</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

---

---

---

---

---

---

---

---

**F. If an amendment provides for an 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: 06-14-10 \*

(date of adoption is required)

Effective date if applicable: \_\_\_\_\_

(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 8/26/10

Signature Monica Carvajal

(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)

Monica Carvajal

(Typed or printed name of person signing)

OFFICE MANAGER.

(Title of person signing)