

PO6000/41653

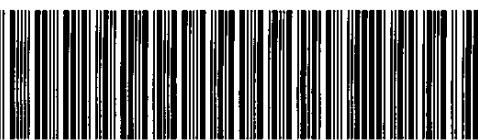
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(Business Entity Name) \_\_\_\_\_

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TALLAHASSEE, FLORIDA

*RECORDED*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Better Days Home Health Care Services Inc.

**DOCUMENT NUMBER:** P06000141653

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

Please return all correspondence concerning this matter to the following:

Jose M Blanco

(Name of Contact Person)

Better Days Home Health Care Services Inc.

(Firm/ Company)

2460 SW 137th Ave, Suite 248-249

(Address)

Miami, Florida 33175

(City/ State and Zip Code)

For further information concerning this matter, please call:

Jose M. Blanco

(Name of Contact Person)

at ( 786 ) 333-9969

(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

Articles of Amendment  
to  
Articles of Incorporation  
of

Better Days Home Health Care Services Inc.

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

FILED

07 SEP 20 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P06000141653

(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)**

This Amendment is for Article V- is because Celia Rios - President and 100% shareholder of the company

(Better Days Home Health Care Service Inc) is resigning.

The Board of Directors and Shareholders of the Corporation shall be composed by ONE(1)

person, whose name and address is : Jose M. Blanco, address 2460 SW 137th Ave, Suite 248-249,

Miami, Florida 33175, President and 100% shareholder, The date of this Amendment adoption shall be

September 18, 2007, Resting Articles of Incorporation will remain unaltered.

The Shareholders approved the amendment adopted. The number of votes cast for his amendment was sufficient for approval.

(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)

**The date of each amendment(s) adoption:** September 18, 2007

**Effective date if applicable:** September 18, 2007  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

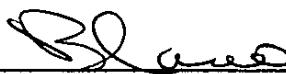
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

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)

**Jose Blanco**  
(Typed or printed name of person signing)

**President**  
(Title of person signing)

**FILING FEE: \$35**

## **RESIGNATION**

GENTLEMEN:

I HEREBY tender my resignation as Director of Better Days Home Health Care Services Inc., a Florida corporation, said resignation to be effective immediately.

DATED: 9/18/07

A handwritten signature in black ink, appearing to read "Cecile Ross", is written over a horizontal line.