## P06000143915

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Rapid Hom	ne Health Service	es, INC	
DOCUMENT NUMB	D060001430			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	oondence concerning this ma	tter to the following:		
	Rafa	ael B Pimentel		
-		Name of Contact Person	1	
-		Firm/ Company		
_	61/5 Nw	153 Street Suite	e 225	
	B.4:	Address	. 4	
_	ivilami	Lakes , FL 3301		
		City/ State and Zip Code	e	
rapi	dhomehealthsen			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Rafael B Pimentel		at ( 786	275-4873	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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		Street	Address	
	idment Section		Iment Section	
	ion of Corporations Box 6327	Division of Corporations Clifton Building		
	bassee, FL 32314		Secutive Center Circle	

Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation of

FILED

2014 AUG 25 PH 14: 15

Rapid Home Health Serv	rices, inc		WILL YOU	- OTATE
(Name of Corporation as	currently filed with the Flori	da Dept. of State)	SALE MILE	FIORIDA
P06000143915			SALETARY OF TALLAHASSEE	ýl <b>14</b> – 1
(Documer	nt Number of Corporation (if kn		<b>D</b>	•
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this Flo	rida Profit Corpord	ation adopts the follo	owing amendment(s)
A. If amending name, enter the new na	me of the corporation:			
				The new
name must be distinguishable and com "Corp.," "Inc" or Co.," or the design vord "chartered," "professional associa	ation "Corp," "Inc," or "Co"	". A professional o		
B. Enter new principal office address,	if applicable:			
Principal office address <u>MUST BE A S</u>				
	-			
	-	<del></del>	-	
C. Enter new mailing address, if appli				
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)			
	-			
	-			
D. If amending the registered agent an	d/or registered office address	in Florida, enter t	the name of the	
new registered agent and/or the nev		III I IOI IOII CALCA	name of the	
Name of New Registered Agent	Rafael B Pimentel			
Hame of Herr Register curingent				
	(Florida street	address)		
N D 1 100 111	6175 nw 153 st suite 225	Miami Lakes	Florida 33014	
New Registered Office Address:	(City)	, 1	Zip Code	<del></del>
New Registered Agent's Signature, if c I hereby accept the appointment as regist		and accept the obl	ligations of the positi	ion.
neree, accept the appearance as regime			.gj j	
Si	gnature of New Registered Age	nt. if changing		
<b>~.</b>				
/				
L	11			

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Rodolfo Pichardo	6175 nw 153 st suite 225
Add			Miami Lakes, FL 33014
Remove			
2) Change	Р	Rafael B Pimentel	6175 nw 153 st suite 225
Add			Miami Lakes , FL 33014
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	. (Be specific)	
""-		
	-t realization on gancallation of igned shares	
d		
rovisions for implementing the ame	nendment if not contained in the amendment itself:	
an amendment provides for an exc rovisions for implementing the ame (if not applicable, indicate N/A)	nendment if not contained in the amendment itself:	
rovisions for implementing the ame	nendment if not contained in the amendment itself:	
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rovisions for implementing the ame	nendment if not contained in the amendment itself:	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<del>_</del>
(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 08/19/2014	
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)	
Rodolfo Pichardo	
(Typed or printed name of person signing)	
President	
(Title of person signing)	