106000143915

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Amend

FILED 17 OCT 10 PH 3: 21

COVER LETTER

TO: Amendment Section
Division of Corporations

\$

NAME OF CORPORATION: TENDER	HOME HEALTH SERVICES, IN	IC
DOCUMENT NUMBER: P06000143913	5	
The enclosed Articles of Amendment and	fee are submitted for filing.	
Please return all correspondence concernin	g this matter to the following:	
RODOLFO PICHA	RDO	
	Name of Contact Pers	on
	Firm/ Company	
664 EAST 25TH S	FREET, SUITE 102-B	
	Address	
HIALEAH, FLORI	DA 33013	
	City/ State and Zip Co	ode
tender0474@gmail.com		<u>/</u>
E-mail address	: (to be used for future annual repo	ort notification)
For further information concerning this ma	utter, please call:	
RODOLFO PICHARDO	at (⁷⁸⁶	3525413
Name of Contact Person	Area (Code & Daytime Telephone Number
Enclosed is a check for the following amount	unt made payable to the Florida De	partment of State:
S35 Filing Fee S43.75 Filing Certificate of	-	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ame S Divis Clifts	et Address ndment Section sion of Corporations on Building
Tallahassee, FL 32314	2661	Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TENDER HOME HEALTH SERVICES, INC.
(Name of Corporation)

(Name of Corporation as curre	ntly filed with the Florida Dep	t. of State)	_
P06000143915			
(Document Numbe	r of Corporation (if known)	1	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation ac	dopts the following am	endment(s) to
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," oword "chartered," "professional association," or the abbreviatio	r "Co". A professional corpore	orated" or the abbres	new viation un the
B. Enter new principal office address, if applicable:	664 EAST 25TH STREET	, SUITE 102-B	7 0.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	HIALEAH, FL 33013		77
			P M
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	664 EAST 25TH STREET	, SUITE 102-B	
	HIALEAH, FL 33013	7	<u></u>
			
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addr	ddress in Florida, enter the nan	ne of the	
Name of New Registered Agent			
			
	street address)		
New Registered Office Address:	(City)	, Florida(Zip Code)	
	10.00	(Lip code)	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	nt: ar with and accept the obligation.	s of the position.	
Signature of Nev	v 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)

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add		-		
Remove				
4) Change				
Add		_		
Remove				
5) Change				
Add		_		
Remove				
6) Change		_	<u> </u>	
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)	
	,	
		_
·····	· · · · · · · · · · · · · · · · · · ·	
	<u> </u>	
an amendment provides for an exchorovisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	
(tj not applicaole, inatcale :VA)		
	<u>, , , , , , , , , , , , , , , , , , , </u>	
-	<u> </u>	

	10/04/2017	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
10 Effective date <u>if applicable</u> :	/04/2017	
and in approache.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date we Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
10/04/20 Dated Signature	17	
selec	director bresident or other officer - if directors or officers have not been ted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	RODOLFO PICHARDO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	