## P66000148307

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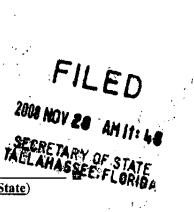
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MDC Home Health Care, Corp.					
DOCUMENT NUMBER: _P060001	48307				
The enclosed Articles of Amendment	and fee are subm	itted for filing.			
Please return all correspondence cond	erning this matter	to the following:			
Rodolfo Carra					
	(Name of Contac	( Person)			
MDC Home Health Care, Corp.					
(Firm/ Company)					
25715 South Dixie Highway # 205					
	(Address	)			
	Palmetto Bay, FI		<del></del>		
For further information concerning th	is matter, please c	all:			
Rodolfo Carra	at	\/			
(Name of Contact Person)		(Area Code & Daytin	ne Telephone Number)		
Enclosed is a check for the following	amount made pay	able to the Florida Do	epartment of State:		
▼\$35 Filing Fee	tatus (	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		eet Address			
Amendment Section		Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		fton Building			
Tallahacsee FI 30314	266	1 Evacutive Center (	Tirolo		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



	ticles of Incorporation	· · · · · · · · · · · · · · · · · · ·
	of	TALLAHASSEE FLORE
	<u>ne Health Care, Corp.</u>	
(Name of Corporation as cur	rently filed with the Florida Dep	t. of State)
	6000148307	· ·
(Document Nu	imber of Corporation (if known)	
ursuant to the provisions of section 607.10 ollowing amendment(s) to its Articles of Incomparison of the control of the contro		a Profit Corporation adopts the
. If amending name, enter the new name	of the corporation:	
the new name must be distinguishable incorporated" or the abbreviation "Corp., Co". A professional corporation naissociation," or the abbreviation "P.A."		nation "Corp," "Inc," or
. Enter new principal office address, if ap Principal office address <u>MUST BE A STRE</u>		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		
new registered agent and/or the new reg		ida, enter the name of the
		ida, enter the name of the
new registered agent and/or the new reg		
Name of New Registered Agent:	gistered office address:	

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) **Title** Name **Address Type of Action** VΡ Myriam Santiago 14855 SW 159 Ct. \_ 🗹 Add \_\_\_\_\_ 🗖 Add \_\_\_\_\_\_\_ Remove ☐ Add ☐ 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: November 17, 2008						
Efi	Effective date if applicable: November 17, 2008					
	(no more than 90 days after a	nendment file date)				
Ad	Adoption of Amendment(s) (CHECK ONE)					
	The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)				
	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 action was not required.	without shareholder action and shareholder				
Dated November 17, 2008 Signature						
	Signature (By a director, president or other of	ficer – 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 fiduciar	y)				
	Rodolfo Carra					
	(Typed or printed name of person signing)					
	<b>, , , , , , , , , ,</b>	. 5 5				
	President					
	(Title of per	son signing)				