P06000150483

(Re	questor's Name)			
(Ad	dress)	·		
(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
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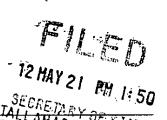
MAY 2.4 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section

Division of Corporations					
NAME OF CORPO	RATION: Hoyos Hom	ne Health Care,	Inc.		
DOCUMENT NUMI	BER: P0600015048	3			
	of Amendment and fee are su				
Please return all corre	spondence concerning this mat	ner to the following:	•		
	Osmany Hoyos				
	Name of Contact Person				
	Hoyos Home Health Care, Inc.				
		Firm/ Company			
	2828 Coral Way,	Suite 440			
		Address			
	Miami, Florida 33	3145			
		City/ State and Zip Code	;		
hov	oshhcareinc@yal	hoo.com			
<u>,</u>		ed for future annual report	notification)		
For further information concerning this matter, please call:					
Osmany Hoy	ros	at (305	644-4343 de & Daytime Telephone Number		
Name	of Contact Person	Area Co	de & 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)		
Mai	iling Address	Street	Address		
Amendment Section		Amendment Section			
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building		·			
	ahassee, FL 32314	2661 E	xecutive Center Circle		
		Tallaha	ssee, FL 32301		

Articles of Amendment Articles of Incorporation



HOYOS HOME HEALTH CARE, INC.

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

P06000150483

(Document Number of Corporation (if known)

	name of the corporation:		
	gnation "Corp," "Inc," or	tion," "company," or "incorporated" or the "Co". A professional corporation name mu" P.A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		2828 CORAL WAY	
		SUITE 440	
		MIAMI, FLORIDA 3314	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2828 CORAL WAY SUITE 440	
new registered agent and/or the n	ew registered office address	ddress in Florida, enter the name of the ess: WAY, SUITE 440	
			
	(Florida	STEPPT AGAIPSS)	
New Registered Office Addres:	(Florida) _{s:} MIAMI	street daaress) , Florida 33145	

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) X Change Add	VP	OSMANY HOYOS	2828 CORAL WAY SUITE 440
Remove 2) <u>× Change</u> Add	Р	MYRNA OJEDA	MIAMI, FLORIDA 33145 2828 CORAL WAY SUITE 440
Remove 3) Change Add Remove			MIAMI, FLORIDA 33145
4) Change Add Remove			
5) Change Add Remove		<u></u>	
6) Change Add Remove			

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