

P07000013995

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000046661 3)))



H090000466613ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

09 FEB 27 AM 11:32
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2009 FEB 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMND/RESTATE/CORRECT OR O/D RESIGN

MIAMI HOME CARE SERVICES, CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

Handwritten signature
3/4/09

(((H09000046661)))

Articles of Amendment
to
Articles of Incorporation
of

MIAMI HOME CARE SERVICES, CORP
(Name of Corporation as currently filed with the Florida Dept. of State)

P07000013995
(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

GONZALEZ, AYLEN

New Registered Office Address:

6555 NW 36TH ST SUITE - 311

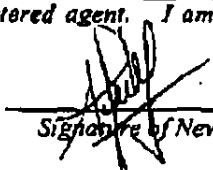
(Florida street address)

MIAMI
(City)

Florida 33166
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

Page 1 of 3

FILED

09 FEB 27 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H09000046661)))

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PD</u>	<u>GIL, SANDRA L</u>	<u>6555 NW 36TH ST.</u>	<input type="checkbox"/> Add
		<u>SUITE 311</u>	<input checked="" type="checkbox"/> Remove
		<u>MIAMI FL 33166</u>	
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	

E. If amending or adding additional Articles, enter changes(s) here:
(attach additional sheets, if necessary). (Be specific)

CHANGE: AYLEN GONZALEZ TO PRESIDENT AND REGISTER AGENT

AYLEN GONZALEZ - 6555 NW 36TH ST - SUITE 311. MIAMI FL 33166

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)

(((H09000046661)))

The date of each amendment(s) adoption: 03/02/2009

Effective date if applicable: 03/02/2009

(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 03/02/2009

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)

SANDRA L. GIL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)