

PO7000015223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

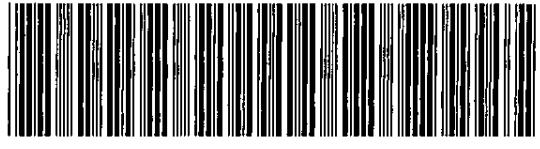
(Business Entity Name)

(Document Number)

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08 NOV 12 PM 12:17
TALLAHASSEE FLORIDA
STATE DEPARTMENT OF REVENUE

T. Roberts NOV 12 2008



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2008

OSCAR MENDEZ TURINO
2324 SW 8 ST
MIAMI, FL 33135

SUBJECT: AZARI HOME HEALTH CARE CORP
Ref. Number: P07000015223

We have received your document for AZARI HOME HEALTH CARE CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 308A00055923

RECEIVED
2008 NOV 12 AM 9:00
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AZARI HOME HEALTH CARE CORP

DOCUMENT NUMBER: P07000015223

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

OSCAR MENDEZ TURINO
(Name of Contact Person)

(Firm/ Company)

2324 SW 8 ST
(Address)

MIAMI, FL 33135
(Zip Code)

For further information concerning this matter, please call:

OSCAR MENDEZ TURINO at (305) 643-0535
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|---|---|--|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FILED

Articles of Amendment
to
Articles of Incorporation
of

08 NOV 12 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AZARI HOME HEALTH CARE CORP

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

P07000015223

(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:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

ARTICLE VII: OFFICERS & DIRECTORS

DELETE: OSCAR MENDEZ (PRESIDENT) 2324 SW 8 ST MIAMI, FL 33135

ADD: MARIA J MENDEZ (PRESIDENT) 2324 SW 8 ST MIAMI, FL 33135

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

