

PO7000017965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

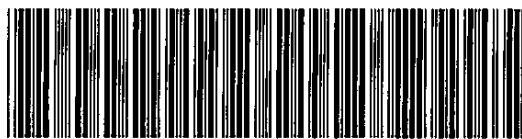
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300089130943

03/13/07--01007--006 **10.00

02/26/07--01012--005 **25.00

FILED
07 MAR 12 PM 12:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Amen

COVER LETTER

TO: Amendment Section
Division of Corporations

DEAR MS. SMITH:
PLEASE CONFIRM ACCEPTANCE VIA
E-MAIL. I APPRECIATE YOUR HELP.

MY E-MAIL ADDRESS:

NAME OF CORPORATION: Barrera Home Health, Inc.

kathy@njmcpa.com

DOCUMENT NUMBER: P07000017965

*Thank you,
Kathy
3/9/07*

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

Please return all correspondence concerning this matter to the following:

KATHY KWOK

(Name of Contact Person)

NEIL J MORNICK, CPA

(Firm/ Company)

11440 N KENDALL DRIVE, #204

(Address)

MIAMI, FL 33176

(City/ State and Zip Code)

For further information concerning this matter, please call:

KATHY KWOK

(Name of Contact Person)

at (305) 598-2224

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2007

KATHY KWOK
11440 N KENDALL DR #204
MIAMI, FL 33176

SUBJECT: BARRERA HOME HEALTH, INC.
Ref. Number: P07000017965

We have received your document for BARRERA HOME HEALTH, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you sent in are not correct to file a amendment for a florida corporation.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6927.

Tracy Smith
Document Specialist

Letter Number: 607A00014794

**Articles of Amendment
to
Articles of Incorporation
of**

Barrera Home Health, Inc.

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

P07000017965

(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):

BEST FRIENDS HOME HEALTH AGENCY, INC.

(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)**

(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)

FILED
07 MAR 12 PM 12:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The date of each amendment(s) adoption: FEBRUARY 8, 2007

Effective date if applicable: FEBRUARY 8, 2007
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

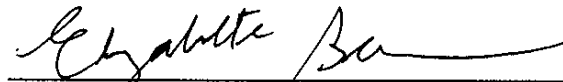
- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each 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.

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)

ELIZABETH BARRERA

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

FILING FEE: \$35