

P07000023137

Florida Department of State
Division of Corporations
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.

((H12000086589 3)))



H120000865893ABC5

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 : LAZARUS CORPORATE FILING SERVICE INC
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

2012 APR - 4 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
NIGHTINGALE HOME HEALTH CARE OF MIAMI INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Amend
SS
4-4-12



April 4, 2012

FLORIDA DEPARTMENT OF STATE

Division of Corporations

NIGHTINGALE HOME HEALTH CARE OF MIAMI INC
8550 W FLAGLER ST
SUITE # 101
MIAMI, FL 33144US

SUBJECT: NIGHTINGALE HOME HEALTH CARE OF MIAMI INC
REF: P07000023137

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

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) 245-6050.

Sylvia Gilbert
Regulatory Specialist II

FAX Aud. #: H12000086589
Letter Number: 412A00010992

RECEIVED

12 APR -4 AM 8:05

TALLAHASSEE, FLORIDA

H 1 2 0 0 0 0 8 6 5 8 9

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

FILED
2012 APR -4 PM 2:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

P07000023137

Nightingale Home Health Care of Miami, Inc
(PRESENT NAME OF CORPORATION)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

Directors shall now read as follows:

ADD: J. A. B. Management Services Corp. (P, V, T, D)

Delete: Julio Brunet (P, V, T, D)

ADD: Julio Brunet - Director

New Registered Agent

SECOND: 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, are as follows:

H 1 2 0 0 0 0 8 6 5 8 9

H 1 2 0 0 0 0 8 6 5 8 9

THIRD: The date of each amendment's adoption: 4/3/12

FOURTH: Adoption of Amendment(s) (check one)

The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups.

The following statement must be separately for each voting group entitled to vote separately on each 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.

Signed this 3 day of April, 20 12

Signature [Handwritten Signature]

(By the Chairman or Vice Chairman of the directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Julio Brunet
Typed or printed name

President
Title

Having been named as registered agent and to accept service of process for the stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity.

Registered Agent Signature

H 1 2 0 0 0 0 8 6 5 8 9