(Requestor's Name)	
(Address)	20041
(Address)	05/14/
(City/State/Zip/Phone #)	·
(Business Entity Name)	
(Document Number)	2
Certified Copies Certificates of Status	Amend
Special Instructions to Filing Officer:	
Office Use Only	



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COVER LETTER

TO: Amendment Segion Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	ehi Home Health Cove, INC.
DOCUMENT NUMBER:PU'	7000027975
The enclosed Articles of Amendment and	d fee are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
ANA	Name of Contact Person)
A	Home Health Care Tre. (Firm/Company)
9582	SW lother
	(Address) City/ State and Zip Code)
For further information concerning this n	
ANA H Perez (Name of Contact Person)	at (305) 225-36/4 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following am	ount:
□\$35 Filing Fee □\$43.75 Filing Fee & Certificate of Statu	
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation

of a second
Michi Home Health Carl, INC.
(Name of corporation as currently filed with the Florida Dept. of State)
P07000027975
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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.")
<u>AMENDMENTS ADOPTED</u> - (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (<u>BE SPECIFIC</u>)
and/or Article The(s) being amended of deleted. (BESPECIFIC)
The initial officer and/or director
od the Corporation 15:
title Mesident.
ANA H Pe'vez
9582 SW 15Treet
Maui, F/ 33174.
(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)

The date o	of each amendment(s) adoption:
Effective d	late if applicable: 3-27-07. (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, prosident 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)
	ANA H. Perez
	(Typed or printed name of person signing)
	(Title of person signing)

FILING FEE: \$35