P01000058250

(Re	equestor's Name)	
(Ad	ddress)	
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, (C	ity/State/Zip/Phone	#)
. PICK-UP	WAIT	MAIL
(Bi	usiness Entity Nam	ne)
(5)	A N A N A	
(D	ocument Number)	
Certified Copies	Certificates	of Status
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Amenda

COVER LETTER

TO: Amendment Section Division of Corporations

. NAME OF CORPOR	ATION: HOPE HO	ME CARE SERV	ICES, INC.
	_{ER:} P0700005825		
	f Amendment and fee are su		
Please return all corresp	ondence concerning this ma	tter to the following:	
	CARLOS A. DIAZ	<u>Z</u>	
-	HOPE HOME CA	Name of Contact Person	
	3455 E 4TH AVE	Firm/ Company NUE SUITE 3	
-	HIALEAH FL 330	Address	
-		City/ State and Zip Cod	e
For further information	E-mail address: (to be us	sed for future annual report se call:	notification)
CARLOS A. [DIAZ	at (305	, 480-1234
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$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)
Amer Divis P.O.	ing Address Indment Section Ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations a Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



HOPE HOME CARE SERVICES, INC.

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

(Document Numb	per of Corporation (if know	n)		
Pursuant to the provisions of section 607,1006, Fast Articles of Incorporation:	Torida Statutes, this <i>Florid</i>	a Profit Corporation ac	lopts the following	amendment(:
A. If amending name, enter the new name of t	the corporation:			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation " vord "chartered," "professional association," o	Corp, " "Inc, " or "Co".			
3. Enter new principal office address, if appli Principal office address <u>MUST BE A STREET</u>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)			
0				
				•
). If amending the registered agent and/or re		Florida, enter the nan	ne of the	
new registered agent and/or the new regist	ered office address:			
Name of New Registered Agent				
	(Florida street add	ress)		
N and D residence LCAR are 4 d la com-	(City)	, Florida	(Zip Code)	
New Registered Office Address:	(Cuy)		(Zip Coue)	
New Registered Office Address:				

Signature of New Registered Agent, if changing

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mik</u> e	e Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change	PT	ANAY SIMON	11201 SW 55ST BOX 327
Add			MIRAMAR, FL. 33025
X Remove			
2) Change	PT	CARLOS A DIAZ	2016 BAY DRIVE # 308
X			MIAMI BEACH, FL 33141
Remove			
3) Change			
Add			
Remove			
4) Change			-
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
	We have your absolute.
	-
If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s)	adoption: 09/04/2012
Effective date if applicable: 0	9/04/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
Dated <u>09/04</u> Signature	/2012
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	ANAY SIMON
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

. . . .