

FROM: LAZARUS
Division of Corporations

FAX NO : 3052201440

Oct 20 2009 04:07 PM F1

P07000066320

Florida Department of State
Division of Corporations
Public Access System

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.

(((H09000224185 3)))



H090002241853ABC+

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 : 120000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 OCT 20 AM 9:49

FILED

COR AMND/RESTATE/CORRECT OR O/D RESIGN

HELPING HANDS HOME HEALTH CORP

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

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

TB

OCT 21 2009

10/20/2009 11:49 AM

FROM: LAZARUS
030-017-0381

FAX NO. : 3052201440
10/20/2009 3:37:05 PM PAGE

Oct. 20 2009 04:07PM P2
1/001 Fax Server



October 20, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HELPING HANDS HOME HEALTH CORP
2301 NW 7TH STREET SUITE C
MIAMI, FL 33125US

SUBJECT: HELPING HANDS HOME HEALTH CORP
REF: P07000066320

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.

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6925.

Aeresa Brown
Regulatory Specialist II

FAX Aud. #: H09000224185
Letter Number: 709A00033511

RECEIVED

2009 OCT 20 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H09000224185

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OFHelping Hands Home Health CorpP 07000066320

(PRESENT NAME)

FILED
2009 OCT 20 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Delete: CARLOS CASTILLO

ADD: Pastor Castillo as President

New Registered Agent

PASTOR CASTILLO
2301 N.W. 7th St. Suite C
MIAMI FL 33125

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.

H09000224185

H09000224185

THIRD: The date of each amendment's adoption: 10-20-09

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 _____ day of _____, 20_____.

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)

Pastor Castillo

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

H09000224185