## D07000072562

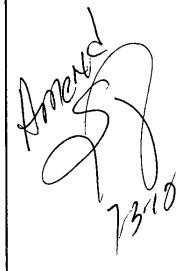
| (Rec                      | questor's Name)   |             |
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| PICK-UP                   | WAIT              | MAIL        |
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| Certified Copies          | Certificates      | s of Status |
| Special Instructions to F | Filing Officer:   |             |
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

| 211.010.11 01.00.po.w.                                |  |  |
|---|--|--|
| NAME OF COM OPPING                                    |  | ARE SERVICES, INC  |
| DOCUMENT NUMBER: P070000725                           | 62   |  |
| The enclosed Articles of Amendment and fee are sul    | bmitted for filing.  |  |
| Please return all correspondence concerning this mat  | tter to the following:   | •  |
| YELINA I GONZ   | ZALEZ  |  |
|   | Name of Contact Person   | 1  |
| DADE-KENDALL H  | OME HEALTHC  | ARE SERVICES, INC  |
| 14331 SW 120  | Firm/ Company  | 2  |
| 14331 3VV 12U   |  |  |
|   | Address  |  |
| MIAMI FL 3318   | 6  |  |
| <del></del>   | City/ State and Zip Code   | ÷  |
| capital305@gmail.                                     | com  |  |
| •   | sed for future annual report                                       | notification)  |
|   |  |  |
| For further information concerning this matter, pleas | se call:   |  |
| YELINA I GONZALEZ                                     | at (305  | 970-3089   |
| . Name of Contact Person                              | Area Co  | de & Daytime Telephone Number  |
| Enclosed is a check for the following amount made p   | payable to the Florida Depa  | artment of State:  |
| \$35 Filing Fee                                       | □\$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                                       |  | Address  |
| Amendment Section                                     |  | Iment Section  |
| Division of Corporations                              |  | on of Corporations<br>Building   |
| P.O. Box 6327<br>Tallahassee, FL 32314                |  | Executive Center Circle  |
| i mimimusee, i is sast                                |  | assee, FL 32301  |

## Articles of Amendment to Articles of Incorporation of

| DADE-KENDALL HOME   | HEALTHCA                                      | RE SERVICES, IN                       | OF TO THE THE            |        |
|---|---|---------------------------------------|--------------------------|--------|
| (Name of Corporation as curr  | ently filed with the Flo                      | rida Dept. of State)                  | 72 72                    | ï,     |
| P07000072562  |   |                                       | 10 m                     | , III. |
| (Document Nur   | nber of Corporation (if k                     | (nown)                                |                          | i-     |
| Pursuant to the provisions of section 607.1006, ts Articles of Incorporation:   | , Florida Statutes, this <i>Fl</i>            | lorida Profit Corporation adopts the  | e following amendment(s) | to     |
| A. If amending name, enter the new name o   | f the corporation:                            |                                       |                          |        |
| N/A   |   |                                       | The new                  |        |
| name must be distinguishable and contain t<br>"Corp.," "Inc.," or Co.," or the designation<br>word "chartered," "professional association," | "Corp," "Inc," or "Co                         | o". A professional corporation no     |                          |        |
| 3. Enter new principal office address, if app   | plicable:                                     | 14331 SW 120 ST                       | <u> </u>                 |        |
| Principal office address <u>MUST BE A STREE</u>   |   | SUITE-209                             |                          |        |
|   |   | MIAMI FL 33186                        |                          |        |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI   |   | 14331 SW 120 ST                       | <u>-</u><br>             |        |
| •   |   | SUITE-209                             |                          |        |
| •   |   | MIAMI FL 33186                        |                          |        |
| D. If amending the registered agent and/or new registered agent and/or the new reg  | istered office address:                       |                                       | <u>e</u>                 |        |
| Name of New Registered Agent  YELINA I GONZALEZ  14331 SW 120 ST SUITE-209  |   |                                       |                          |        |
|   | (Florida stree                                |                                       |                          |        |
| New Registered Office Address:  | IAMI  | , Florida 331                         | 86                       |        |
|   | (City)  |                                       | o Code)                  |        |
|   |   |                                       |                          |        |
| New Registered Agent's Signature, if change hereby accept the appointment as registered   | ing Registered Agent: agent. I am familiar wi | ith and accept the obligations of the | position.                |        |
| U<br>Lignath  | re of New Registered Ag                       | vent, if changing                     |                          |        |
| pignarµ   | of Item Itegspered Ite                        | Sound A criminaling                   |                          |        |

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             | <u>PT</u>    | John Doe           |                                       |
|-------------------------------|--------------|--------------------|---------------------------------------|
| X Remove                      | <u>v</u>     | Mike Jones         |                                       |
| X Add                         | <u>sv</u>    | Sally Smith        |                                       |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u>        | <u>Addres</u> s                       |
| 1) Change Add Remove          | PS           | YELINA I. GONZALEZ | 10525 SW 7th TERR<br>MIAMI FL 33174   |
| 2) Change Add Remove          | <u>PS</u> .  | FRANCIS IZQUIERDO  | P.O. BOX 490368 KEY BISCAYNE FL 33149 |
| 3 ) Change Add Remove         | <del></del>  |                    |                                       |
| 4) Change Add Remove          |              |                    |                                       |
| 5) Change Add Remove          |              | · ·                |                                       |
| 6) Change Add Remove          |              |                    |                                       |

| •              | ading or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)    |
|----------------|---|
| N/A            |   |
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| . <u>If an</u> | mendment provides for an exchange, reclassification, or cancellation of issued shares,                        |
| ĺ              | ions for implementing the amendment if not contained in the amendment itself:  fnot applicable, indicate N/A) |
| V/A            |   |
|                |   |
|                |   |
|                | <u> </u>  |
|                |   |
|                |   |
|                |   |

| The date of each amendment(s) ad                                   | loption:   |
|--|--|
| Effective date if applicable:                                      | (no more than 90 days after amendment file date)   |
| Adoption of Amendment(s)   | (CHECK ONE)  |
| Adoption of Amendment(s)   | (CHECK ONE)  |
| ☐ The amendment(s) was/were add<br>by the shareholders was/were su | opted by the shareholders. The number of votes cast for the amendment(s) efficient for approval.   |
|  | proved by the shareholders through voting groups. The following statement 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).  |
|  | (1011118 8.044)  |
| ☐ The amendment(s) was/were add action was not required.           | opted by the board of directors without shareholder action and shareholder   |
| The amendment(s) was/were add action was not required.             | opted by the incorporators without shareholder action and shareholder  |
| Dated  | 06.15.12   |
| Signature _  | & Leen   |
| (By a d  | irector, president or other officer - if directors or officers have not been   |
| Selecte  | d, by an incorporator - if in the hands of a receiver, trustee, or other court   |
| appoint  | ted fiduciary by that fiduciary)   |
| •  | ELDA CALZASILLA  |
|  | (Typed or printed name of person signing)  |
|  | Vice-Pros.   |
|  | (Title of person signing)  |