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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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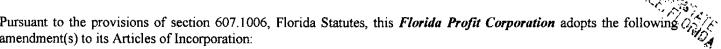
TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: ALPHA &	OMEGA HOME HEALTH	AGENCY, CORE		
DOCUMENT NU	JMBER:	P07000085627			
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.			
Please return all co	orrespondence concerning the	is matter to the following:			
		AIDA LIS TORRES			
	7	Vame of Contact Person			
	ALPHA & OMEGA	HOME HEALTH AGENCY, CO	ORP.		
		Firm/ Company			
2742 SW 8TH STREET, SUITE 217					
		Address			
		MIAMI, FL 33135			
	C	ity/ State and Zip Code			
	ALPHA-OMEG E-mail address: (to be use	AHHA@HOTMAIL.COM			
For further inform	ation concerning this matter,	please call:			
	IDA LIS TORRES	((\	43-2180		
Name	e of Contact Person	Area Code & Daytime Tel	ephone Number		
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depart	tment 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 Amendment Section Division of Corporations		Street Address Amendment Section Division of Corporations			
P.O. Box 6	327	Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

ALPHA & OMEGA HOME HEALTH AGENCY, CORP.



4-	
to	
Articles of Inc	corporation f
01	
ALPHA & OMEGA HOME HEALT	H AGENCY, CORP.
(Name of Corporation as currently filed with	1 the Florida Dept. of State
P07000085627	7 Apr.
(Document Number of Corpora	ation (if known)
rsuant to the provisions of section 607.1006, Florida Statuendment(s) to its Articles of Incorporation:	th AGENCY, CORP. the Florida Dept. of State ation (if known) utes, this Florida Profit Corporation adopts the following of
If amending name, enter the new name of the corporation	ion:
	The new
me must be distinguishable and contain the word "cor breviation "Corp.," "Inc.," or Co.," or the designation "(me must contain the word "chartered," "professional assoc	Corp," "Inc," or "Co". A professional corporation
Enter new principal office address, if applicable: incipal office address MUST BE A STREET ADDRESS)	2742 SW 8TH STREET
, succession of the second of	SUITE 217
	MIAMI. FL 33135
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2742 SW 8TH STREET
	SUITE 217
	MIAMI, FL 33135
If amending the registered agent and/or registered office	e address in Florida, enter the name of the
new registered agent and/or the new registered office ad	
Name of New Projectored Account	
Name of New Registered Agent:	
New Registered Office Address: (Flor	rida street address)
	,
(City,	, Florida v)
(Cny _j	, (Lip Couc)
w Registered Agent's Signature, if changing Registered A	
ereby accept the appointment as registered agent. I am fam	tiliar with and accept the obligations of the position.
Signature of No.	w 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) **Type of Action** Title Address Name ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. 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: (if not applicable, indicate N/A)

The date of each amendmen	t(s) adoption: 06	6/01/2011		
Effective date <u>if applicable</u> :	06/01/2011	(date of adoption	on is required)	
	(no more than s	00 days after amen	dment file date)	
Adoption of Amendment(s)	(CF	IECK ONE)		
The amendment(s) was/we by the shareholders was/w			e number of votes cast fo	r the amendment(s)
The amendment(s) was/we must be separately provide				
"The number of votes	cast for the amen	dment(s) was/were	e sufficient for approval	
by			,,,	
	(voting group)		·	
The amendment(s) was/we action was not required. The amendment(s) was/we action was not required.	, ,			
	a director, presid		r – if directors or officers hands of a receiver, truste	
	ointed fiduciary l		lands of a receiver, truste	e, or other court
		ZAIDA LIS	TORRES	
	(Ту		ne of person signing)	
	 	DIRECTOR/S	ECRETARY	
	(Title o	person signing)		