

PB7000103380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



400136931774

Amend

10/17/08--01029--004 **35.00

FILED
2008 NOV -3 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ASR
11/14/08

0789, 04076, 00524, 00707, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2008

Mercedes Prieto
MAP Bookkeeping Services
13928 SW 172nd Terr
Miami, FL 33177

SUBJECT: KEILY HOME HEALTH CARE INC.
Ref. Number: P07000103380

We have received your document for KEILY HOME HEALTH CARE INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

The last event filed with our office was articles of amendment that were filed on 5-12-08.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 208A00054759

*Correction Attached
Thank you
JH*

RECEIVED
2008 NOV -3 AM 8:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: KEILY HOME HEALTH CARE, INC +

DOCUMENT NUMBER: P07000103380 +

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MERCEDES PRIETO

(Name of Contact Person)

MAP BOOKKEEPING SERVICES

(Firm/ Company)

13928 SW 172ND TERR

(Address)

MIAMI FL 33177

(City/ State and Zip Code)

For further information concerning this matter, please call:

MERCEDES PRIETO

(Name of Contact Person)

at (786) 344-2273

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

KEILY HOME HEALTH CARE, INC

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

P07000103380

(Document Number of Corporation (if known))

FILED

2008 NOV -3 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

3900 N.W. 79th Ave

Suite 338

Doral, FL 33166

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

3900 N.W. 79th Ave

Suite 338

Doral, FL 33166

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

MERCEDES PRIETO

New Registered Office Address:

13928 SW 172ND TERR

(Florida street address)

MIAMI

(City)

, Florida 33177

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PD	Felix Castillo	453 East 38th Street Hialeah, FL 33013	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	Johanny Castillo	475 West 42nd Street Hialeah, FL 33012	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> 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 amendment(s) adoption: 10/11/2008

Effective date if applicable: 10/11/2008
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were adopted 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.

Dated 10/11/2008

Signature _____
(By a director, president 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)

Felix Castillo
(Typed or printed name of person signing)

President
(Title of person signing)