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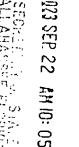
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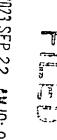
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FLORIDA NURSE	ES HOME HEALTH AGE	NCY, INC.
DOCUMENT NUM	P07000109205		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	GALINA GOROKHOVSKY	CPA	
		Name of Contact Person	1
	MAG ACCOUNTING SERV	VICES, INC.	
		Firm/ Company	-
	16850-12 COLLINS AVENU	JE. #550	
		Address	
	SUNNY ISLES BECH, FL 3	3160	
		City/ State and Zip Cod	e
	magaccounting@bellsouth.ne	et	
	E-mail address: (to be us	sed for future annual report	notification)
	on concerning this matter, pleas		041.5515
GALINA GOROKII		at (<u>305</u>	_)
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:
X \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	endment Section ision of Corporations Box 6327 lahassee, FL 32314	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

FLORIDA NURSES HOME HEALTH AGENCY, INC.

(Name o	of Corporation as currentl	y filed with the Florida Dep	t. of State)	
P07000109205				
	(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation a	dopts the following amendment(s) to	
A. If amending name, enter the new na	ame of the corporation:			
			The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	.orp," "Inc." or "Co". z	Professional corporation i		
B. Enter new principal office address,	if applicable:	3909 N.E. 163RD STREET, SUITE 218		
(Principal office address MUST BE A STREET ADDRESS)		NORTH MIAMI BEACE	I, FL 33160	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SAME AS ABOVE		
			2023 SECO	
D. If any other sections of a section of				
D. If amending the registered agent an new registered agent and/or the new			***************************************	
Name of New Registered Agent MAG ACCOUNTING S				
	16850-12 COLLINS AVE	, #550	. 05 	
	(Florida str	eet address)	-	
New Registered Office Address:	SUNNY ISLES BEACH		, Florida 33160	
		(City)	(Zip Code)	
Name Dagiotanad Agant's Signature of a	hanaina Dagistavad Agant			
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familiar v	<u>:</u> vith and accept the obligation	ns of the position.	
	alike Sai			
	Signature of New R	egistered Agent, if changing		

Check if applicable

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	DAPHNE CAMPBELL	14625 N.E. 4 AVE
Add			MIAMI. FL 33161
XX Remove 2) Change XX	P	BEST HOME HEALTH HOLDING	3909 N.E. 163RD STREET, #218 NORTH MIAMI BCII, FL 33160
Add Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			

Attach additional sheets, if necessary)	ticles, enter chan (Be specific)				
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If an amendment provides for an ex	change, reclassifi	cation, or cancel	lation of issue	d shares,	
provisions for implementing the an	nendment if not c	ontained in the a	amendment its	elf:	
(if not applicable, indicate N/A)					
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	08/17/23	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
03 Effective date <u>if applicable</u> :	8/17/23	
епесцие date <u>и арунсаме</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date w Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholder action at	nd shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
bv		
	(voting group)	
08-17-2	3	
Dated	<u> </u>	
Signature	Pin Km	
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	RITA KAZIEVA	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	