## P07000111083

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

			are Hospi	ce of Florida, Inc.
DOCUMENT NUMB	ER: P0700011108			***************************************
The enclosed Articles of	f Amendment and fee are su	bmitted fo	r filing.	
Please return all corresp	condence concerning this ma	tter to the	following:	
(	Connie Diaz			
_		Name o	of Contact Person	0
•	Compassionate (	Care H	ospice	
_		Fir	m/ Company	······································
	1840 West 49th \$	Street,	Suite 224	
_		<del></del>	Address	
	Hialeah, Florida 3	33012		
-		City/ S	ate and Zip Cod	<b>c</b>
con	nie.diaz@cchnet.	.net		
	E-mail address: (to be us		re annual report	notification)
	t de m		•	•
For nurther information	concerning this matter, pleas	se cau:		
Connie Diaz			<sub>at (</sub> 786	, 329-4035
Name of	Contact Person			de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to	the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certif	5 Filing Fee & ied Copy ional copy is sed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address  Amendment Section  Division of Corporations		•	Amend	Address Iment Section on of Corporations
P.O. 1		Clifton	Building	
Tallahassee, FL 32314		2661 Executive Center Circle		

## Articles of Amendment to Articles of Incorporation of

Compassionate Care Hospice of Florida, Inc.				
(Name of Corporation as currently filed with the Florida Dept. of State)	Т			
P07000111083				
(Document Number of Corporation (if known)				

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: Compassionate Care Hospice of Miami Dade and the Florida Keys, Inc. 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)

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

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 (Florida street address) New Registered Office Address: Florida (City)

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)

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	Ā	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change		<del></del>	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			<del>****                                 </del>
Remove			
6) Change			
Add			
Damova			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
I/A	
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If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares.
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
I/A	
,	
	<del>-</del>
* <del></del>	
_	

The date of each amendment(s) adoption:	10-16-14
Effective date if applicable:	2-16-14
	(no more than 90 days after amendment file date)
Adoption of Amendment(s) (	CHECK ONE)
■ The amendment(s) was/were adopted by by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the amendment(s) for approval.
	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):
"The number of votes cast for the a	mendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder
Dated 16/17	114
selected, by an i	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)
	Judith GREY
	(Typed or printed name of person signing)
	Chief Operating Officer
	( Time of become offered)