P07000112706

(Re	equestor's Name)			
(Ad	ldress)			
(Ac	ldress)	<u> </u>		
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bı	isiness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



900253132729

11/04/13--01036--020 **43.75

SECRETARY OF STATE STATES OF STATES OF CORPORATION OF CORPORATION 20

Amund/245
(14 11.1.13

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corpor	ations				
	ATION: NISSI HON	- · · · -	RVICES, INC		
DOCUMENT NUMB	_{ER:} P0700011270)6			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
<u>_</u>	SABEL LEON				
_		Name of Contact Person	1		
<u>_</u>	NISSI HOME HE	ALTH SERVICE	S, INC		
	SEC WEST SODD	Firm/ Company			
-	656 WEST 63RD DR				
•	WALES AND	Address			
<u> </u>	HIALEAH FL 330	012			
		City/ State and Zip Code	e		
gon	zalez1948@yaho	oo.com			
<u> </u>	~ ~ ~	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
ISABEL LEON		at (786	, 230-9722		
Name of	Contact Person	Area Code & Daytime Telephone Numb			
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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		Street Address			
Amendment Section		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations			
Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			
		Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) NISSI HOME HEALTH SERVICES, INC. (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: 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: ISABEL LEON Name of New Registered Agent 656 WEST 63RD DR (Florida street address) HIALEAH New Registered Office Address: (City) New Registered Agent's Signature, if charging Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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:	b, tenu bten	y Smith, or as an Maa.	
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	Name	Address
1) Change	VP	JOSE MESA	6595 NW 36 ST STE 100
Add			VIRGINIA GARDENS FL
Remove			33166
2) Change		_	
Add			
Remove			
3) Change			
Add			-
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
0 0			
6) Change			
∧dd			
Remove			

amending or adding additional Art ttach additional sheets, if necessary).	(Be specific)
	
an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
rovisions for implementing the amo (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
()	
·	

The date of each amendment(s) ad date this document was signed.	loption: OCTOBER 31 2013	if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	••	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated_10/31/20	013	
Signature		
	rector, president or other officer - if directors or officers have not been	
	d. by an incorporator – if in the hands of a receiver, trustee, or other court	
appoint	ed fiduciary by that fiduciary)	
	ISABEL LEON	
	(Typed or printed name of person signing)	
	PRESIDENT/DIRECTOR	
•	(Title of person signing)	