## P07000119196

(Requestor's	Name)
(Address)	
(Address)	
(City/State/Z	ip/Phone #)
PICK-UP W	/AIT MAIL
(Business E	ntity Name)
(Document N	Jumber)
Certified Copies Ce	rtificates of Status
Special Instructions to Filing Offi	icer:
,	

Office Use Only



200115740902

Hing miles

01/24/08--01019--004 \*\*43.75

2008 JAN 24 AH 8: 00
SECRETARY OF STATE
TALLAHASSEF, FLORIOS

Ortogram Ortogram

## **COVER LETTER**

NAME OF CORPORATION: United Help Home Health Act

DOCUMENT NUMBER: PO 7000 119196

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

Please return all correspondence concerning this matter to the following:

Since Health Agency

(Name of Contact Person)

Area Code & Daving Telephone Number)

## **Mailing Address**

☐\$35 Filing Fee

80

TO: Amendment Section

**Division of Corporations** 

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

Enclosed is a check for the following amount:

## **Street Address**

enclosed)

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

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

□\$52.50 Filing Fee

Certified Copy

is enclosed)

(Additional Copy

Certificate of Status

, Articles of Amendment to Articles of Incorporation

Articles of Incorporation
United Help Home Health Agency Inc.  (Name of corporation as currently filed with the Florida Dept of State)
PO7000119196  ARETARY  (Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation:
NEW CORPORATE NAME (if changing):
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
Principal Place of Ovisiness/Wailing Address
Register Agent Houress should all be
4148 W. 12 Ave
Higleah, Fl. 33012
· 
(Attach additional pages if necessary)
If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption:	
Effective date if applicable: 1 200 (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were approved 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.	
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)	
June Jener Carrazana (Typed or printed name of person signing)	
President	

FILING FEE: \$35

(Title of person signing)