## 7000122813

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



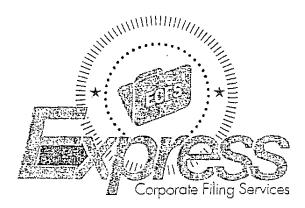
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1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

Email- filing@ecfsfiling.com

OFFICE USE ONLY

Examiner's Initials

Eman- ming@ecisin	ing.com
CORPORATION NAME(S) &	DOCUMENT NUMBER(S) (if known):
1. Quality +	one Heath Sorvices, INC
2. (Corporation Name)	(Dacument ∉)
(Corporation Name) 4.	(Document ≇)
(Corporation Name)	(Document ₹)
☐ Walk in ☐ Pick up	time Certified Copy
☐ Mail out ☐ Will wai	t Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS:
Profit	Amendment
NanProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
Talah, o Sandara (2005) Harining to Theoria	
OTHER FILINGS	REGISTRATION/ QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership
Name Reservation	Reinstatement

Trademark

Other

## Articles of Amendment to Articles of Incorporation of

## QUALITY HOME HEALTH SERVICES, INC.

CONCENT THOME THE RETURN OF THE PROPERTY OF TH	
(Name of Corporation as currently filed with the Florida Dept. of St. P07000122813	tate)
(Document Number of Corporation (if known)	<del></del>
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Co</i> its Articles of Incorporation:	rporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professioword "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
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, en new registered agent and/or the new registered office address:	<u>iter the name of the</u>
Name of New Registered Agent MARTHA A. UTRERA	
901 SOUTH STATE RD 7 S	TE 200
(Florida street address)	<u> </u>
New Registered Office Address: HOLLYWOOD	, Florida 33023
(City)	(Zip Code)
	701:
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered about. I am familiar with and accept th	e obligations of the position.
* W W	—— mo m
Signature of New Registered Agent, if changing	FLOO
	TATE 5

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	PT	John Doe	
-			
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PSD	RAFAEL C. LOPEZ	901 SOUTH STATE RD 7
Add			STE 200
X Remove			HOLLYWOOD, FL 33023
2) Change	Р	MARTHA A. UTRERA	901 SOUTH STATE RD 7
X Add			STE 200
Remove			HOLLYWOOD, FL 33023
3) Change	VP	ARIEL GÓNZALEZ	901 SOUTH STATE RD 7
3) Change Add			STE 200
Remove			HOLLYWOOD, FL 33023
4) Change	VP	AYLEN GONZALEZ	901 SOUTH STATE RD 7
× Add	<u>···</u>		STE 200
Remove			HOLLYWOOD, FL 33023
5) Change Add			
Add Remove			
Remove			
6) Change		<u> </u>	
Add	<del></del>		
Remove			

attach additi	or adding additional A onal sheets, if necessar	v). (Be specific	)		
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provisions fo	nent provides for an eor implementing the applicable, indicate N/A)	mendment if not	ification, or cand contained in the	ellation of issued amendment itse	<u>shares,</u> f:
· <u>-</u> .					
<u>.</u>					
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. . .

The date of each amendment(s) adoption: 06/21/2012		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	(277	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	ne amendment(s) was/were sufficient for approval	
by	**	
	(voting group)	
action was not required.  The amendment(s) was/were adopted action was not required.  Dated 06/21/20  Signature (By a direct selected, by	president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fi	duciary by that fiduciary)	
MA	ARTHA A. UTRERA	
	(Typed or printed name of person signing)	
PF	RESIDENT	
	(Title of person signing)	