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(((H13000060754 3)))



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COR AMND/RESTATE/CORRECT OR O/D RESIGN OCHA HOME HEALTH SERVICES, CORP

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March 18, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

OCHA HOME HEALTH SERVICES, CORP 5545 SW BTH ST. SUITE 107 CORAL GABLES, FL 33134US

SUBJECT: OCHA HOME HEALTH SERVICES, CORP

REF: P07000128105

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

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Teresa Brown Regulatory Specialist II FAX Aud. #: H13000060754 Letter Number: 213A00006293

P. 003

Articles of Amendment Articles of Incorporation

OCHA HOME HEALTH SERVICES, CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P07000128105

(Document Number of Corporation (if known)

endment(s) to

. If amending name, enter the new name of	the corporation:		
ame must be distinguishable and contain th Corp.," "Inc.," or Co.," or the designation " ord "chartered," "professional association," o	"Corp." "Inc." or "Co". A pro,	ny," or "incorpor fessional corporat	ated" or the a ion name must
. Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u>			· · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	CE BOX)	<u> </u>	
. If amending the registered agent and/or re new registered agent and/or the new regis		la, enter the name	of the
Name of New Registered Agent			
Name of New Registered Agent	(Florida street address)	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent New Registered Office Address:	(Florida street address) (Cliv)	, Florida	(Zip Code)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and oddress 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 = Vica President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiefExecutive 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 Isike 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	PT	John D	5c	
X Remove	Y	Mike J	<u>ැතළම</u>	
X Add	ξ¥	<u>Seily S</u>	<u>गर्वि</u>	•
Type of Action (Check One)	Title		Name	Address
1) X Change	PD		ADIS D PEREZ	5545 SW 8 ST
Add			<u>.</u>	STE: 107
Remove				CORAL GABLES, FL 33134
2) Change .				• •
Add				
Remova				
3)Change		 .		· · · · · · · · · · · · · · · · · · ·
` Add				· · · · · · · · · · · · · · · · · · ·
Remove				
4)Change			·	
Add				
Remove	,			
5) Change				
Add				. —————————————————————————————————————
Remove				
6)Change		_		
Add				
Remove				

Page 2 of 4

E. Hamendle	a <u>z or 2d</u> litional s	ding add	<u>lional Artic</u> ecessary).	les, enter i	change(s) her icl	e:
						PRESIDENT ADIS DIPEREZ
PLEASE	ADD	"10%"	IN THE	TITLE	OF THE	GEO ANTHONY MARTIN
						· · · · · · · · · · · · · · · · · · ·
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F. <u>If an amen</u>	dment :	orgrides f	or an exchs	inge_recla	estification, or	r cancellation of issued shares. In the amendment itself:
(ĭf noi	t applica	wl2, indici	ste N/A)			
			` 			ECTOR): 90%
ANTHO	<u>YNY</u>	MAR	<u> TIN (C</u>	CEO)	<u>: 10%</u>	
	·	·				
	· · · ·					·

The date of each amendment(s) or	doption: MARCH 15, 2013
Effective date if applicable:	(no mora than 90 days after amendment file date)
·	
Adoption of Amendment(s).	(CHECK ONE)
The amendment(s) was/were add by the shareliolders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) efficient for approval.
The amendment(s) was ivere approved the must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was ivere sufficient for approval
ьу	(woting group)
action was not required.	opted by the board of directors without shareholder action and shareholder
ection was not required:	iption (by the membershors without singlestand) action and sind charge
Dared MARG	CH 15, 2013
Signature	Outery hurt
(By a d selecte	tirector, president or other officer—if directors or officers have not been at, by an incorporator—if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	ANTHONY MARTIN
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)