

PD8000002299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

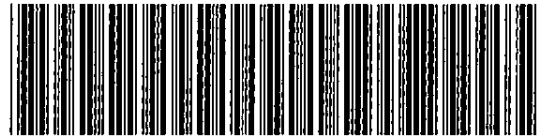
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100120925641

03/24/08--01050--009 **30.00

04/07/08--01044--026 **13.75

FILED
08 APR -7 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amended
of 4/7



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2008

LYDIA M. TRULL
FRIENDS HEALTH CARE, INC.
11900 SW 35 STREET
MIAMI, FL 33175

SUBJECT: FRIENDS HEALTH CARE, INC.
Ref. Number: P08000002299

We have received your document for FRIENDS HEALTH CARE, INC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$13.75 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 408A00018025

FRIENDS HEALTH CARE, INC.

April 3, 2008

Florida Department of State
Division of Corporations

Re: P08000002299

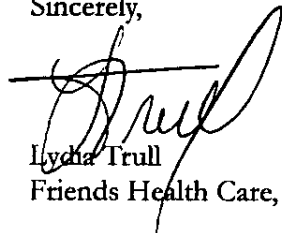
Dear Sir or Madam:

As per your instructions, enclosed is the completed document for proper filing on a Florida Corp. I have also included a check for the additional filing fee of \$13.50 as instructed in your letter.

Our filing error has delayed us with getting the much needed Articles. I would truly appreciate if this could be processed as soon as possible.

If you have any questions, please call Lydia Trull at 786 493-9405.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lydia Trull', is written over a horizontal line.

Lydia Trull
Friends Health Care, Inc

11900 SW 35 ST.
Miami FL 33175
786 493-9405

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FRIENDS HEALTH CARE, INC.

DOCUMENT NUMBER: P080000002299

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

Please return all correspondence concerning this matter to the following:

LYDIA M. TRULL

(Name of Contact Person)

FRIENDS HEALTH CARE, INC.

(Firm/ Company)

11900 SW 35 STREET

(Address)

MIAMI, FL 33175

(City/ State and Zip Code)

For further information concerning this matter, please call:

LYDAI M. TRULL

(Name of Contact Person)

at (786) 493 9405

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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

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

Street Address

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

Articles of Amendment
to
Articles of Incorporation
of

FILED

08 APR -7 PM 3:42

FRIENDS HEALTH CARE, INC.

(Name of corporation as currently filed with the Florida Dept. of ~~SALES~~ SECRETARY OF STATE
TALLAHASSEE, FLORIDA)

P08000002299

(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:

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)**

ADD: LYDIA M. TRULL 11900 SW 35 STREET - VICE PRESIDENT

MIAMI, FL 33175

ADD: CARLOS M. AVERHOFF 2452 SW 18 STREET - TREASURER

MIAMI, FL 33145

(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: MARCH 22, 2008

Effective date if applicable: _____
(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)

LUISA MORCIEGO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35