

PD8000046997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

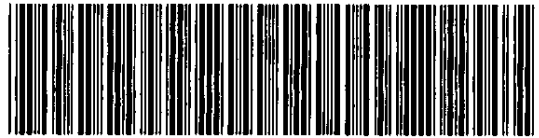
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900177554569

04/28/10--01008--018 \*\*35.00

Amend/AC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUL 30 PM 3:54

FILED

AC AMEND  
XERO  
8/5

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** CNM HOME HEALTH INC.

**DOCUMENT NUMBER:** P08000046997

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

Please return all correspondence concerning this matter to the following:

ANA MARTIN-HIDALGO

Name of Contact Person

Firm/ Company

6175 N.W. 167 STREET # G-30

Address

MIAMI, FLORIDA 33015

City/ State and Zip Code

ANAM\_HIDALGO@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA MARTIN-HIDALGO

Name of Contact Person

at ( 786 )

200-3094

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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**

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

CNM HOME HEALTH INC.

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

P08000046997

(Document Number of Corporation (if known))

FILED  
10 JUL 30 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:**

CNM. **INC.**

*The new*

*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**)*

6175 N.W. 167 STREET # G-30

MIAMI, FLORIDA 33015

**C. Enter new mailing address, if applicable:**

*(Mailing address **MAY BE A POST OFFICE BOX**)*

6175 N.W. 167 STREET # G-30

MIAMI, FLORIDA 33015

**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:**

*Name of New Registered Agent:*

CHRISTOPHER E. MAILAL

*New Registered Office Address:*

6175 N.W. 167 STREET # G-30

*(Florida street address)*

MIAMI

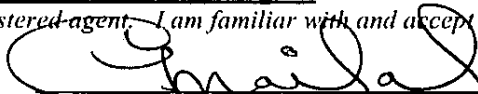
*(City)*

Florida 33015

*(Zip Code)*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*



*Signature of 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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P/T</u>	<u>ANA MARTIN-HIDALGO</u>	<u>19700 W. Saint Andrews Dr.</u> <u>Miami, FL 33015</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP/S</u>	<u>MIRTA ROJAS</u>	<u>19700 W. Saint Andrews Dr.</u> <u>Miami, FL 33015</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P</u>	<u>CHRISTOPHER E. MAILAL</u>	<u>6175 N.W. 167 STREET # G-30</u> <u>MIAMI, FLORIDA 33015</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

VP/ T: NICOLLE A. MAILAL, 6175 N.W. 167 STREET # G-30, MIAMI, FL 33015

SEC: MONICA M. MAILAL, 6175 N.W. 167 STREET # G-30, MIAMI, FL 33015

**F. If an amendment provides for an 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)*

N/A

The date of each amendment(s) adoption: APRIL 26, 2010

Effective date if applicable: APRIL 26, 2010 (date of adoption is required)  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were adopted 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):*

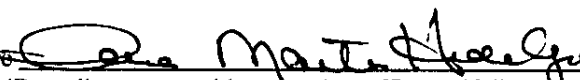
"The number of votes cast for the amendment(s) was/were sufficient for approval

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.

Dated APRIL 26, 2010

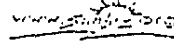
Signature   
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ANA MARTIN-HIDALGO  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



FAX TRANSMITTAL COVER LETTER

date: 8/5  
time: \_\_\_\_\_

Deliver To: ANA

Firm/Office: \_\_\_\_\_

FAX #: 305-512-8608

TOTAL # of Pages \_\_\_\_\_  
Including this cover sheet

FROM: KAREN GIBSON

Sender's FAX #: 850/245-6897

Sender's Telephone #: 850/245-6880

NOTES/MESSAGE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ For Your Information

☐ URGENT

Original documents  
to follow:

☐ Response required

☐ Per Your Request

☐ YES

☐ Signature required

☐ Other (see message)

☐ NO