

PD8000058855

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 SEP 29 PM 12:39

Amend
@ 9/29/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Maria Adult Home Care IV Corp.

DOCUMENT NUMBER: P 08000058855

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

Please return all correspondence concerning this matter to the following:

MARIA MOREJON

Name of Contact Person

MARIA ADULT HOME CARE IV CORP.

Firm/ Company

13111 SW 84 ST

Address

MIAMI FL 33183

City/ State and Zip Code

mariamorejon4@gmail.com

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

For further information concerning this matter, please call:

MARIA MOREJON

Name of Contact Person

at (786) 488 1506

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 SEP 29 PM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 15, 2011

MARIA MOREJON
MARIA ADULT HOME CARE IV CORP
13111 SW 84 ST.
MIAMI, FL 33183

SUBJECT: MARIA ADULT HOME CARE IV CORP
Ref. Number: P08000058855

We have received your document for MARIA ADULT HOME CARE IV CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 111A00021369

Articles of Amendment
to
Articles of Incorporation
of

MARIA Adult Home Care IV CORP.

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

P 0 8 0 0 0 0 5 B B 5 5

(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:

A. If amending name, enter the new name of the corporation:

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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2021 SW 140 PL

MIAMI FL 33175

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:

MARIA MOREJON

New Registered Office Address:

2021 SW 140 PL

(Florida street address)

MIAMI

(City)

Florida

33175

(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]
Signature of New Registered Agent, if changing

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JAN 29 PM 12:39

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, VP</u>	<u>Iliana Gort</u>	<u>11984 SW 181 Terr</u> <u>Miami FL 33177</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P, V</u>	<u>MARIA Morejon</u>	<u>13111 SW 84 ST</u> <u>Miami FL 33183</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input 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)

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)

The date of each amendment(s) adoption: 9-26-11

(date of adoption is required)

Effective date if applicable: 9-26-11

(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 9/26/11

Signature Iliana Gort.

(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)

Iliana Gort

(Typed or printed name of person signing)

P, VP.

(Title of person signing)