

P08000082971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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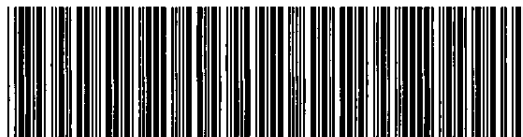
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 DEC -9 PM 1:55

Amend/cc  
(1a) 12/9/08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Optimal Home Health Care Services inc

**DOCUMENT NUMBER:** P08000082971

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

Please return all correspondence concerning this matter to the following:

Alcira Ubede

(Name of Contact Person)

Optimal Home Health Care Services inc

(Firm/ Company)

15291 NW 60<sup>th</sup> Avenue # 105

(Address)

Miami Lakes, FLORIDA 33014

(City/ State and Zip Code)

For further information concerning this matter, please call:

Same as above

(Name of Contact Person)

at (786) 278-1574

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 3, 2008

ALCIRA UBEDA  
OPTIMAL HOME HEALTH CARE SERVICES INC  
15291 NW 60TH AVENUE #105  
MIAMI LAKES, FL 33014

SUBJECT: OPTIMAL HOME HEALTH CARE SERVICES INC  
Ref. Number: P08000082971

We have received your document for OPTIMAL HOME HEALTH CARE SERVICES INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check only 1(ONE) box in reference to the adoption of the amendment.

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: 608A00052589

RECEIVED  
C-9 AM 8:00  
CLERK OF STATE  
HASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

Optimal Home Health Care Services Inc  
(Name of corporation as currently filed with the Florida Dept. of State)

708000082971  
(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)**

I Alcira Ubeda President of Optimal Home Health  
Care Services Inc I am adding Wendy de La  
Angeles torres as Vice-president of Optimal  
Home Health Services Inc as of 9-30-2008  
Wendy De La Angeles torres  
Address: 15291 NW 60<sup>th</sup> avenue #105 Miami lake, FL 33014

(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)

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The date of each amendment(s) adoption: 10-03-08

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

*Alteira J. Ubeda*  
*N/A* ☒ 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

*[Signature]* - President  
(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)

*Alteira J Ubeda*

(Typed or printed name of person signing)

*President*

(Title of person signing)

FILING FEE: \$35