

PD8000090283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



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(Business Entity Name)

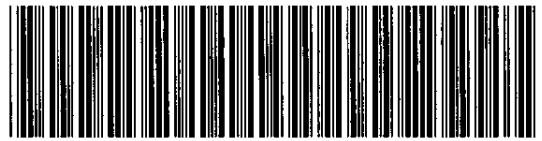
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend AC
Tellers
10-16-08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SKY LIFE HOME CARE SERVICES, INC.

DOCUMENT NUMBER: P08000090283

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

Please return all correspondence concerning this matter to the following:

JOSE M. GIRO SANTOS

(Name of Contact Person)

JMG ACCOUNTANTS AND AUDITORS INC

(Firm/ Company)

2911 SW 134TH AVE.

(Address)

MIAMI, FL. 33175

(City/ State and Zip Code)

For further information concerning this matter, please call:

JCSE M. GIRO SANTOS

(Name of Contact Person)

at (305) 487-9955

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$15 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

SKY LIE HOME CARE SERVICES, INC.

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

P08000090283

(Document Number of Corporation (if known))

FILED
2008 OCT 10 AM 9:29
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:

SKY LIFE HOME HEALTHCARE SERVICE, 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)

2721 SW 137TH AVE. SUITE 116

MIAMI, FLORIDA

33175

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2721 SW 137TH AVE. SUITE 116

MIAMI, FLORIDA 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:

NOT APPLICABLE

New Registered Office Address:

NOT APPLICABLE

(Florida street address)

NOT APPLICABLE

(City)

Florida

(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>
P	BRITO MARTHA	14021 SW 40TH TERR. MIAMI FLORIDA 33175	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	BRITO JAVIER JOSE	14021 SW 40TH TERR MIAMI, FLORIDA 33175	<input checked="" 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)

NOT APPLICABLE

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)

NOT APPLICABLE

The date of each amendment(s) adoption: OCTOBER 6 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 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 OCTOBER 6 2008

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)

JOSE JAVIER BRITO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)