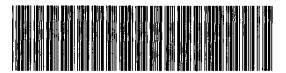
# P0800101274

(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 6, 2011

Martha Cordova Sweetangelshome, Inc 4500 NW 168 Terrace Miami, FL 33055

SUBJECT: SWEETANGELSHOME, INC.

Ref. Number: P08000101274

We have received your document for SWEETANGELSHOME, INC. 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 document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 011A00008392

SECRETARY OF STATE

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORP	ORATION:	SWEET ANGELS HOME	E, INC	
DOCUMENT NUI	MBER:	ER:P08000101274		
The enclosed Articl	es of Amendment and fee	are submitted for filing.		
Please return all cor	respondence concerning t	his matter to the following:		
_		MARTHA CORDOVA		
		Name of Contact Person		
_	SWE	ET ANGELS HOME, INC		
		Firm/ Company		
	4500 NW 168 TERRACE Address			
		Addices		
_		MIAMI FL 33055 City/ State and Zip Code		
	E-mail address: (to be us	sed for future annual report notification)		
For further informat	ion concerning this matte	r, please call:		
	THA CORDOVA	at (786)2		
	f Contact Person	Area Code & Daytime Te	•	
Enclosed is a check	for the following amount	made payable to the Florida Depa	rtment 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 Add Amendment Division of O P.O. Box 632	Section Corporations	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

SWEETAN	GELSHOME, INC.	ZUII APR I L	AM 11: 06
(Name of Corporation as curre	ently filed with the Florid	a Dept. of State) SECRETAR	
(Name of Corporation as curre		TALLAHASS	EE, FLORID
(Document Nun	nber of Corporation (if kno	wn)	coulDi
rsuant to the provisions of section 607.100	6 Florida Statutes this <b>F</b>	lorida Profit Corporation ado	nts the follow
nendment(s) to its Articles of Incorporation:	o, 11011dd 2101d105, 1115 1		FI <b>VI</b>
If amending name, enter the new name of	f the corporation:		
SWEET A	NGELS HOME, INC		The new
me must be distinguishable and contain breviation "Corp.," "Inc.," or Co.," or the me must contain the word "chartered," "pro	e designation "Corp," "Inc	c," or "Co". A professional c	
Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>			_
			_
	<del></del>		_
. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)			
-			_
			_
If	d affice and durant	n Clavida, autou the name of t	_ 
If amending the registered agent and/or to new registered agent and/or the new regis		n Fiorida, emer me name <u>or t</u>	<u>ue</u>
Name of New Project and America			
Name of New Registered Agent:		· · ·	
New Registered Office Address:	(Florida street d	address)	
remarks of the same of the sam	(1.07.00.07.00.0	,	
	(City)	, Florida (Zip Code)	
	(City)	(Zip Code)	
ew Registered Agent's Signature, if changing			
ereby accept the appointment as registered a	igent. I am familiar with a	and accept the obligations of the	e position.
<u></u>	Signature of New Registered	d 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>	Type of Action
<u>VP</u>	IVAN MORALES	4500 NW 168 TERRACE MIAMI, FL 33055	□ Add □ □ Remove
<del></del>			
	ng or adding additional Articles, en itional sheets, if necessary). (Be sp		
provision	ndment provides for an exchange, s for implementing the amendment applicable, indicate N/A)	reclassification, or cancellation of t if not contained in the amendme	f issued shares, nt itself:

The date of each amendmen	t(s) adoption: MARCH 03 OF 2011
Effective date <u>if applicable</u> :	(date of adoption is required)  MARCH 03 OF 2011
<u></u> -	(no more than 90 days after amendment file date)
4	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_APF	RIL 04 OF 2011
Signature	Parola
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	MARTHA CORDOVA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)