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Amend

APR 12 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Apollo Advanced	Home Health Corp.	
DOCUMENT NUMB	P08000106473		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
J	ose Martinez		
-		Name of Contact Perso	on
,	Apollo Advanced Home Hea	lth Corp	
_	······································	Firm/ Company	
•	3910 N. Dale Mabry Hwy, S	• •	
-	-	Address	
	Гатра, FL 33614		•
	•	City/ State and Zip Cod	de
meupie	errez@hotmail.com		
		sed for future annual repor	t notification)
For further information	concerning this matter, pleas	se call:	
Jose Martinez		786 at (663-2607
Name of	Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	partment 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)
Amen Divisi P.O. I	ng Address dment Section ion of Corporations Box 6327 nassee, FL 32314	Amen Divisi Clifto	t Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

•	Articles of A	Amendment
	to	
•	Articles of In	corporation
llo Advanced Home Health Corp	U	
<u> </u>	- R. C	
(<u>Name (</u> 000106473	of Corporation as current	Amendment of the filed with the Florida Dept. of State
	(Document Number of	of Corporation (if known)
uant to the provisions of section 607. rticles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) to
f amending name, enter the new na	ame of the corporation:	
		The new
rp.," "Inc.," or Co.," or the designation "Corp," "Inc," or d "chartered," "professional association," or the abbreviation Enter new principal office address, if applicable:		
cipal office address <u>MUST BE A.S.</u>	IREEI ADDRESS)	Tampa, FL 33614
Enter new mailing address, if appli Mailing address <u>MAY BE A POST</u> (8910 N. Dale Mabry Hwy, Suite # 33
		8910 N. Dale Mabry Hwy, Suite # 33 Tampa, FL 33614
Mailing address <u>MAY BE A POST o</u>	OFFICE BOX) id/or registered office add	Tampa, FL 33614 Iress in Florida, enter the name of the
Mailing address <u>MAY BE A POST (</u>	OFFICE BOX) id/or registered office add	Tampa, FL 33614 Iress in Florida, enter the name of the
Mailing address MAY BE A POST of the following the registered agent and the new registered agent	OFFICE BOX) Id/or registered office add w registered office addres N/A	Tampa, FL 33614 Iress in Florida, enter the name of the
Mailing address MAY BE A POST of the famending the registered agent and lew registered agent	OFFICE BOX) Id/or registered office add w registered office addres N/A	Tampa, FL 33614 Iress in Florida, enter the name of the is: Ireet address)
Mailing address MAY BE A POST of amending the registered agent an new registered agent and/or the new Name of New Registered Agent	OFFICE BOX) Id/or registered office add w registered office addres N/A	Tampa, FL 33614 Iress in Florida, enter the name of the Is: Ireet address)
Mailing address MAY BE A POST of amending the registered agent an new registered agent and/or the new Name of New Registered Agent	od/or registered office add w registered office addres N/A (Florida st.	Tampa, FL 33614 Iress in Florida, enter the name of the is: Ireet address)

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Remove Y Mike Jones X Add SV Sally Smith Type of Action (Check One) Title Name Address (Check One) VP JUSTO R. CONCEPCION 4019 W. Waters Ave., Suite E Tampa, FL 33614 Tampa, FL 33614 X Remove 2) Change	Example: X Change	<u>PT</u>	John Doe	
Type of Action (Check One)	X Remove	<u>v</u>	Mike Jones	
Check One VP	X Add	<u>sv</u>	Sally Smith	
Change	Type of Action (Check One)	Title	Name	<u>Addres</u> s
Add X Remove 2) Change	1) Change	VP	JUSTO R. CONCEPCION	4019 W. Waters Ave., Suite E
	Add			Tampa, FL 33614
Add	X Remove			
Remove	2) Change			
3) Change	Add			
Add	Remove			
	3) Change			
Remove	Add			
	Remove			
4) Change	4) Change			
Add	Add			
Remove	Remove			
5) Change	5) Change			
Add	Add			
Remove	Remove			
6) Change	6) Change	,		
Add				
Remove				·

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
On March 9, 2017, the Articles of Incorporation were amended to remove Justo R. Concepcion from the corporation and
to transfer all stocks to Jose M. Martinez in accordance with the Bylaws of the corporation. It was ratified by the Board.
Jose M. Martinez holds 100% of the stock in Apollo Advanced Home Health Corp as of March 09, 2017 and holds the
transfer of stock certificate signed by Justo R. Concepcion removing him from any and all ownership in the company.
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)
(g ver appreciate, suite and

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment fit	le date) .
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for t by the shareholders was/were sufficient for approval.	he amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The formust be separately provided for each voting group entitled to vote separately on the ame	
"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 action was not required.	and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	l shareholder
Dated April 4, 2017	
Signature (By a director, president or other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, trusted appointed fiduciary by that fiduciary)	s have not been ee, or other court
Jose M. Martinez	
(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
President	
(Title of person signing)	