Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.

Account Number : I20200000206 Phone : (305)463-6690 Fax Number : (305)463-6693

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

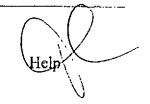
Email	Address:	;	 	

COR AMND/RESTATE/CORRECT OR O/D RESIGN MARINA'S HOME HEALTH AGENCY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



Articles of Amendment to Articles of Incorporation of

MARINA'S HOME HEALTH AGENCY	, INC.			
(Name	of Corporation as currently	filed with the Florida Dept. of State)	.
P09000007876				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	Torida Profit Corporation adopts the f	ollowing ame	ndment(s) to
A. If amending name, enter the new n	ame of the corporation;			
	.1 20 11.11	11 (11) 7 7 7 7		new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Co.				
"chartered," "professional association,		, y		
rs. 10 A	If a Nachlar	5901 NW 151 ST	•	022
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Suite 203	,	2022 pcT
		Miami Lakes, FL 33014	-	28
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		5901 NW 151 ST	ege L	量 8
(maining mainess man par na	OTTICE BOX	Suite 203		_ = = = = = = = = = = = = = = = = = = =
		Miami Lakes. FL 33014		
D. If amending the registered agent as		ess in Florida, enter the name of the		
new registered agent and/or the ne	w registered office address:			
Name of New Registered Agent				
	5901 NW 151 ST, Suite 203	3		
	(Florida stre	et address)		
	Miami Lakes	. Florida	3014	
New Registered Office Address:		, Plonda	(Zip Code)	
	·			
New Registered Agent's Signature, if o	hanging Registered Agent:			
I hereby accept the appointment as regis	tered agent. I am familiar w	ith and accept the obligations of the po	sition.	
	Signature of New Pa	gistered Agent, if changing		
	argumente oj ivew ke	_{Бентен} ивет, у спапуту		
Check if applicable				
☐ The amendment(s) is/are being filed p	ursuant to s. 607.0120 (11) (e	:), F.S.		

To:

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)

Example:

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 Change	<u>PT</u>	John Doe		
X Remove	<u>y</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address	
1) X Change	P	Elisabet Luis Camacho	5901 NW 151 ST	
Add			Suite 203	202
Remove			Miami Lakes, FL 33014-	2022 OCT
2) Change			-	28
Add			Ğ	32
Remove 3) Change	<u></u>			ά
Add				
Remove				
4) Change				
Add				
Remove				
5) Change			B	
Add				
Remove				<u>-</u>
ර) Change				
Add				
Remove				

From: Luciano Puentes

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)		
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		<i>0</i>	2
f an amendment provides for an each	ange, reclassification, or cancellation of issued shares,	; · ; ·	
provisions for implementing the amer (if not applicable, indicate N/A)	idment if not contained in the amendment ltself:	, ;	-
(ij noi applicable, inalcale IVA)			

The date of each amendment(s) a	doption:	, if	other th	an the
date this document was signed.		,,		
Effective date if applicable:				
	(no more than 90 days after amendment file date)			
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date separtment of State's records.	will not l	e listed	as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action a	and share	:holder	
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.			
	proved by the shareholders through voting groups. The following statement 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		2022 OCT 28 AN 8: 47	ر بر روس
by	(voting group)	•)CT	* 3
	(voting group)	77	28	
10/28/2022		29 3 5 () 4	32	. 1
Dated		7.	== ∞	
Signature	Sind /	-:"1 . r <u>1</u>	-	
(By a d	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)		- -	
	Elisabet Luis Camacho			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			