

Division of Corporations **P09000008017** Page 1 of 1

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 : PROFESSIONAL SERVICES
Account Number : I20040000024
Phone : (305) 359-4491
Fax Number : (305) 403-1061

2011 SEP -6 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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

Email Address: INFO@PROSUS.NET

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
ADRIAN HOME HEALTH CARE INC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$43.75

Thank You!

BROWN 9-7-11

17 110002187263

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ADRIAN HOME HEALTH CARE INC.

DOCUMENT NUMBER: P09000008017

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

Please return all correspondence concerning this matter to the following:

FRANK DIAZ

Name of Contact Person

Firm/ Company

3128 CORAL WAY

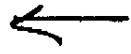
Address

MIAMI, FLA. 33145

City/ State and Zip Code

INFO@PROSUS.NET

E-mail address: (to be used for future annual report notification)



For further information concerning this matter, please call:

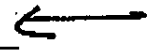
FRANK DIAZ

Name of Contact Person

at (786)

303-5010

Area Code & Daytime Telephone Number



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



September 6, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ADRIAN HOME HEALTH CARE INC.
1005 SW 67 AVE
MIAMI, FL 33144

SUBJECT: ADRIAN HOME HEALTH CARE INC.
REF: P09000008017

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H11000218726
Letter Number: 411A00020649

Thank you!

RECEIVED
11 SEP -6 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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Articles of Amendment
to
Articles of Incorporation
of

ADRIAN HOME HEALTH CARE INC.

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

P09000008017

(Document Number of Corporation (if known))

FILED
2011 SEP -6 AM 9:18
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:

_____ 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**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

New Registered Office Address:

(Florida street address)

(City)

(Zip Code)

_____, Florida

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

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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>
<u>VP</u>	<u>COLUMBIE, LAINE</u>	<u>1005 S W 67 AVE</u> <u>MIAMI, FLA. 33144</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove ←
<u>VP,D</u>	<u>PEREZ, LESLYE</u>	<u>1005 S W 67 AVE</u> <u>MIAMI, FLA. 33144</u>	<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)

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)

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The date of each amendment(s) adoption: JUNE 23, 2011 ←

Effective date if applicable: JUNE 23, 2011 ←
(date of adoption is required)
(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 JUNE 30, 2011

Signature Rafael Laurell
(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)

RAFAEL RAURELL
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)