

PO 9000029565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600153105396

05/04/09--01049--024 **43.75

Amended
[Signature]

FILED
2009 MAY -4 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5-8-09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Palmetto Home Health Care Service Corp.

DOCUMENT NUMBER: PO9000029565

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

Please return all correspondence concerning this matter to the following:

Angel Gonzalez

Name of Contact Person

PALMETTO HOME HEALTH SERVICES CORP

Firm/ Company

1850 SW 8 St Suite #204G

Address

MIAMI, Florida 33135

City/ State and Zip Code

palmettohomehealth@yahoo.com

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

For further information concerning this matter, please call:

Angel Gonzalez

Name of Contact Person

at (305) 934-5473

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

FILED

2009 MAY -4 AM 11:52
SECRETARY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PO9000029565

Page 1 of 3

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	Angel Gonzalez	1850 SW 8 ST SUITE # 204 G MIAMI, FL 33135	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	Roelio Hernandez	6961 SW 158 ST MIAMI, FL 33157	<input type="checkbox"/> Add <input checked="" 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)

The date of each amendment(s) adoption: 4/1/2009

Effective date if applicable: 4/1/2009
(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 5/1/2009

Signature [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)

Angel Gonzalez
(Typed or printed name of person signing)

President
(Title of person signing)