

Jun 30 2009 3:50PM

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P. 2

Division of Corporations

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Division of Corporations
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(((H09000143328 3)))



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Account Name : RAUL RICARDO, C.P.A.
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FLORIDA TROPICAL HOME HEALTHCARE, INC

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June 19, 2009

FLORIDA DEPARTMENT OF STATE

Division of Corporations

FLORIDA TROPICAL HOME HEALTHCARE, INC
4241 SW 126 AVE
MIRAMAR, FL 33027

SUBJECT: FLORIDA TROPICAL HOME HEALTHCARE, INC
REF: P09000033072

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

You failed to make the correction(s) requested in our previous letter.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

FAX Aud. #: H09000143328
Letter Number: 409A00020916

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TALLAHASSEE, FLORIDA

Post-It* Fax Note	7671	Date	6/19/09	# of pages	6
To	Tim Roberts	From	Marlene Riccardi		
CC/Duty	Regulatory Spec II	CO	Paul Riccardi, CPA		
Phone	(850) 245-1089	Phone	(305) 829-1041		
Fax	(850) 617-6380	Fax	(305) 824-4997		

P.O BOX 6327 - Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS
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Articles of Amendment
to
Articles of Incorporation
of

H090001433283

Florida Tropical Home Healthcare, Inc

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

P09000033072

(Document Number of Corporation (if known))

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**)

5619 Rodman St.

Hollywood, Florida 33023

C. Enter new mailing address, if applicable:

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

4241 S.W. 126th Ave.

Miramar, Florida 33027

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:

Anna Gomez

4241 S.W. 126th Ave.

New Registered Office Address:

(Florida street address)

Miramar

(City)

, Florida 33027

(Zip Code)

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

H090001433283

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)

H090001433283

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Anna Gomez	4241 S.W. 126th Ave. Miramar, Florida 33027	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	Luis E. Gomez	4241 S.W. 126th Ave. Miramar, Florida 33027	<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: 6/15/09
(date of adoption is required)


Effective date if applicable: _____
(no more than 90 days after amendment file date) **H090001433283**

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 6/15/09

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)

Anna Gomez
(Typed or printed name of person signing)

President
(Title of person signing)

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**ARTICLES OF AMENDMENT
FLORIDA TROPICAL HOME HEALTHCARE, INC**

CERTIFICATION OF REGISTERED AGENT

Having been named to accept service of process for the above Corporation at the place designated in these Articles of Incorporation. I hereby agree to act in this capacity, and I further comply with the provisions of all statutes relative to the proper and complete performance of my duties.



Anna Gomez

6/17/09
Date

H090001433283