

P09000069087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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11 JAN 21 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01/21/11--01002--007 **43.75

Amend.
01/25/11
dx

COVER LETTER

**D: Amendment Section
Division of Corporations**

NAME OF CORPORATION: ALL FAMILY CARE, INC.

DOCUMENT NUMBER: P09000069087

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

Please return all correspondence concerning this matter to the following:

ARMANDO SANGUILY
Name of Contact Person

ALL FAMILY CARE, INC.
Firm/ Company

38 N.W. 8 ST.
Address

HOMESTEAD, FL. 33030
City/ State and Zip Code

MANDY SANGUILY @ YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARMANDO SANGUILY at (786) 287-3962
Name of Contact Person 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

Articles of Amendment
to
Articles of Incorporation
of

ALL FAMILY CARE, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

P 09000069087
(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)

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:

ARMANDO SANGUILY

New Registered Office Address:

12750 S.W. 189 ST.

(Florida street address)

MIAMI

(City)

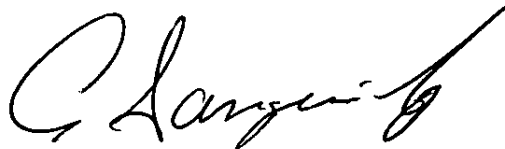
Florida

(Zip Code)

33177

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.



SECRETARY OF STATE
OFFICE OF THE
CLERK OF THE
SUPREME COURT
JAN 21 2011

11 JAN 21 PM 3:30

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ending the Officers and/or Directors, enter the title and name of each officer/director being
oved 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>
SECT	William A. VAVRINA	10020 SW 140 ST. MIAMI, FL 33176 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input 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)

ALL SHARES HELD BY WILLIAM A. VAVRINA
 ARE TRANSFERRED TO: ARMANDO SANGUILY,
 PRESIDENT, ALL FAMILY CARE, INC.

date of each amendment(s) adoption: 01-01-2011
(date of adoption is required)

Effective date if applicable: _____
(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 01-03-2011

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)

ARMANDO SANGUILY
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)