

P090000075056

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. L. H. H.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Care Alternatives, Inc

DOCUMENT NUMBER: P09000075056

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

Please return all correspondence concerning this matter to the following:

DENISE HELMSORIG
Name of Contact Person

Care Alternatives, Inc
Firm/ Company

13359 NW 16 St.
Address

Pembroke Pines FL 33028
City/ State and Zip Code

Rubiesrule16@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise Helmsorig at (954) 649-9445
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 (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

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TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known))

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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>V. P.</u>	<u>Margie Hogan</u>	<u>13359 NW 16 St</u> <u>Pembroke Pines</u> <u>FL 33028</u>	☒ Add ☐ Remove
<u>CFO</u>	<u>Margie Hogan</u>	<u>13359 NW 16 St</u> <u>Pembroke Pines</u> <u>FL 33028</u>	☒ Add ☐ Remove
<u> </u>	<u> </u>	<u> </u>	☐ Add ☐ Remove
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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: 3-28-2011
(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 3-28-11

Signature Denise Helmsorig
(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)

Denise Helmsorig
(Typed or printed name of person signing)

President/Secretary
(Title of person signing)