

PI0000002539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

(Business Entity Name)

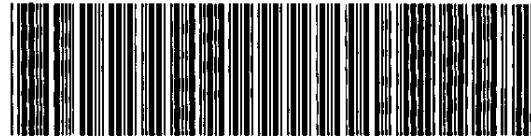
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 JUL 12 AM 10:19

Amend/Name
@ 7/12/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Miracle Care Home Health Agency, Corp.

DOCUMENT NUMBER: P10000002539

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

Please return all correspondence concerning this matter to the following:

Maringa Chemerisov
Name of Contact Person

Firm/ Company

12361 Loranza Ave.
Address

North Port, FL 34287
City/ State and Zip Code

Maringa.chemerisove@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maringa Chemerisov at (917) 349-3208
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

Articles of Amendment
to
Articles of Incorporation
of

Miracle Care Home Health Agency, Corp.
(Name of Corporation as currently filed with the Florida Dept. of State)

P0000002539

(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:

Golden Touch Companion, Corp.

The 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)

12361 Loranza Ave.
North Port, FL 34287

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12361 Loranza Ave.
North Port, FL 34287

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:

Maria Chemerisov

New Registered Office Address:

12361 Loranza Ave.

(Florida street address)

North Port

(City)

Florida 34287

(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]
Signature of New Registered Agent, if changing

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>	
TR	Pinsky, Jeffrey B	290 174th St. Apt 2302 Sunny Isles Bch FL 33160	☐ Add ☒ Remove	
P, T	Chemerisov, Marina	12361 Loranza Ave North Port, FL 34287	☐ Add ☐ Remove	Title & Address change only
VP, S	Chemerisov, Victor	12361 Loranza Ave North Port, FL 34287	☐ Add ☐ 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: 7/8/10
(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 shareholder 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):*

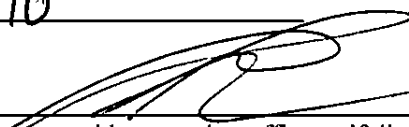
"The number of votes cast for the amendment(s) was/were sufficient for approval

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 7/8/10

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)

Maring Chemerisov

(Typed or printed name of person signing)

President

(Title of person signing)