P10000025552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/18/10--01019--008 **35.00

FILED
10 DEC 14 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend.
12-15-10
DC

RECEIVED
10 DEC 14 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 23, 2010

MACHELLE LINKOUS
ALL FAMILY HOME HEALTH CARE INC
1703 N. TAMPA STREET, SUITE 9
TAMPA, FL 33602

SUBJECT: ALL FAMILY HOME HEALTH CARE INC
Ref. Number: P10000025552

We have received your document and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The incorporator(s) cannot be amended or changed. 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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 010A00027493

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ALL FAMILY HOME HEALTH CARE INC

DOCUMENT NUMBER: P10000025552

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

Please return all correspondence concerning this matter to the following:

MACHELLE LINKOUS
Name of Contact Person

ALL FAMILY HOME HEALTH CARE INC
Firm/ Company

1703 NORTH TAMPA STREET SUITE 9
Address

TAMPA, FLORIDA 33602
City/ State and Zip Code

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

For further information concerning this matter, please call:

MACHELLE LINKOUS at (727) 239-5937
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

ALL FAMILY HOME HEALTH CARE INC

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

P10000025552

(Document Number of Corporation (if known)

FILED
DEC 14 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

1703 North Tampa St
Suite 9
Tampa FL 33602

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: MACHELLE LINKOUS

New Registered Office Address: 12508 LIMPET DRIVE
(Florida street address)

TAMPA, Florida 33625
(City) *(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

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)

Title	Name	Address	Type of Action
VP	MICHAEL LINKOUS	12508 LIMPET DRIVE TAMPA, FLORIDA 33625	☐ Add ☑ Remove
VP	MACHELLE LINKOUS	12508 LIMPET DRIVE TAMPA, FL 33625	☑ Add ☐ Remove
			☐ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

ARTICLE VI. N

~~The Name and Address of The Incorporator Is:~~

~~Machelle Linkous~~ or (N) error (N)

~~12508 Limpet Drive~~ or (N)

~~Tampa, Florida 33625~~ or (N)

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: 11/01/2010
(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 11/16/2010

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)

WAEL LABIB
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)