P1000000531

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| · |
| (City/State/Zip/Phone #) |
| (,, |
| PICK-UP WAIT MAIL |
| * |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| |
| Special Instructions to Filing Officer: |
| |
| |
| · |
| |
| |
| |
| |

Office Use Only





500187333995

11/08/10--01026--016 **43.75

SECRETARY OF STATE TALLAHASSEE, FLORID

Amendays Name chs

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORI | PORATION: HOME WI | TH HELP OF BROWARD (| COUNTY, INC | |
|--|--|--|---|--|
| DOCUMENT NU | MBER: | P10000060531 | | |
| The enclosed Artic | cles of Amendment and fee a | re submitted for filing. | | |
| Please return all co | orrespondence concerning thi | s matter to the following: | | |
| | | Teresa Adler | | |
| | N | ame of Contact Person | | |
| | Always Classic | Care of Broward County, Inc. | | |
| | | Firm/ Company | | |
| | 20305 Biscayne Blvd | | | |
| | | Address | | |
| | | Miami, FL 33180 | | |
| | С | ity/ State and Zip Code | | |
| | billybolin E-mail address: (to be use | n@goacepro.com d for future annual report notification) | | |
| For further inform | ation concerning this matter, | please call: | | |
| Ala | an J. Kristal, CPA | at (305) 663 | | |
| Name | of Contact Person | Area Code & Daytime Telep | phone Number | |
| Enclosed is a chec | k for the following amount m | nade payable to the Florida Departn | nent of State: | |
| \$35 Filing Fee | ✓ \$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Mailing Address | | Street Address | | |
| Amendment Section | | Amendment Section Division of Corporations | | |
| Division of Corporations P.O. Box 6327 | | Clifton Building | | |
| Tallahassee FL 32314 | | 2661 Executive Center Circle | • | |

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

HOME WITH HELP OF BROWARD COUNTY, INC

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

P10000060531

(Document Number of Corporation (if known)

owing

| Pursuant to the provisions of section 607.1006, Florida Sta amendment(s) to its Articles of Incorporation: | tutes, this <i>Florida Proj</i> | fit Corporation adopts the following |
|--|---------------------------------|--------------------------------------|
| A. If amending name, enter the new name of the corporat | ion: | |
| Always Classic Care of Browa | ard County INC. | The new |
| name must be distinguishable and contain the word "co abbreviation "Corp.," "Inc.," or Co.," or the designation " name must contain the word "chartered," "professional asso | 'Corp," "Inc," or "Co | ". A professional corporation |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS | <u>20305 BISCAYN</u>) | NE BLVD |
| | MIAMI FL 33180 | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 20305 BISCAYN | E BLVD |
| | MIAMI FL 33180 | |
| D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a | | enter the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: (Flo | orida street address) | |
| <u></u> | | , Florida |
| (Cii | (v) | (Zip Code) |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa | | the obligations of the position. |
| Signature of No | ew Registered Agent, if a | changing |

Page 1 of 3

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> | Address | Type of Action |
|----------------|--|---|-----------------------|
| P -D | ADLER, TERESA | 20305 BISCAYNE BLVD MIAMI, FL 33180 | _ ☑ Add _ □ Remove |
| <u>VP</u> | FARKAS, MICHELE | 200 KNUTH ROAD BOYNTON BEACH FL 33436 | |
| | | | |
| (anach a | dditional sheets, if necessary). (Be s | pecific) | |
| | | | |
| <u>provisi</u> | | , reclassification, or cancellation of is at if not contained in the amendment | |
| | | | |
| | | | |
| | | | |

| The date of each amendment | (s) adoption: November 1, 2010 |
|---|---|
| Effective date if applicable: | (date of adoption is required) |
| in appreciable. | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) |
| The amendment(s) was/wer by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval. |
| | re approved by the shareholders through voting groups. The following statemend 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/wer action was not required. | re adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/wer action was not required. | re adopted by the incorporators without shareholder action and shareholder |
| Dated_Nove | Ceresa adles |
| | a director, president or other officer – if directors or officers have not been |
| sele | cted, by an incorporator - if in the hands of a receiver, trustee, or other court |
| app | ointed fiduciary by that fiduciary) |
| | TERESA ADLER |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |