| (Re                                     | questor's Name)   |           |  |  |
|---|-------------------|-----------|--|--|
| (Address)                               |                   |           |  |  |
| (Ad                                     | dress)            |           |  |  |
| (Cit                                    | y/State/Zip/Phone | #)        |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL      |  |  |
| (Bu                                     | siness Entity Nam | ne)       |  |  |
| (Document Number)                       |                   |           |  |  |
| Certified Copies                        | _ Certificates    | of Status |  |  |
| Special Instructions to Filing Officer: |                   |           |  |  |
|   |                   |           |  |  |
|   |                   |           |  |  |
|   |                   |           |  |  |

Office Use Only



000252257800

10/07/13--01015--001 \*\*35.00

Ampl

OCT 15 2013

R. WHITE

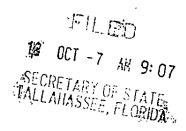
# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR                     | ATION: PROPESSIO                            | WAL HOME HE  | ALTH SERVICES, INC.  |  |
|------------------------------------|---|--|--|--|
|                                    | er: <b>P10000085</b> 0                      |  |  |  |
| The enclosed Articles of           | of Amendment and fee are su                 | bmitted for filing.  |  |  |
| Please return all corresp          | pondence concerning this ma                 | tter to the following:   |  |  |
| _                                  | AMPARI                                      | A. SANTOS  Name of Contact Person                                  |  |  |
| _                                  |   | Name of Contact Person   | n  |  |
|                                    | PROTESSIONAL I                              | HOME HEALTH &  | SERVICES, INC.   |  |
| Firm/ Company                      |   |  |  |  |
|                                    | 6801 NW 15                                  | 7 STREET GUI   | TE 101   |  |
| -                                  |   | 7 STREET SUI   | · · · · · · · · · · · · · · · · · · ·  |  |
|                                    | MIAMI LAK                                   | ES. FLORIDA  | , 33014  |  |
| -                                  |   | City/ State and Zip Cod  | e  |  |
|                                    | 01.1  |  | 1.4.   |  |
|                                    | E-mail addless: (td be us                   | nserve annual report   | notification)  |  |
|                                    | L-limit addi ess. (to the di                | sea for ratare armaar report                                       | TRACTICALITY II  |  |
| For further information            | concerning this matter, pleas               | on outle   |  |  |
| Torrunci information               | concerning this matter, pleas               | se can.  |  |  |
| 440401                             | A. SANTOS                                   | 205  | 928-7272   |  |
|                                    | f Contact Person                            | at (at (Area Co  | de & Daytime Telephone Number  |  |
|                                    |   |  |  |  |
| Enclosed is a check for            | the following amount made                   | payable to the Florida Depa  | artment 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 |   | Street Address Amendment Section                                   |  |  |

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



## ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF PROFESSIONAL HOME HEALTH SERVICES, INC.

Pursuant to the provisions of section 607.1006 of the Florida Statutes, the above referenced corporation hereby adopts the following Articles of Amendment(s) to its Articles of Incorporation:

- I. The date of the filing of the Articles of Incorporation of Professional Home Health Services, Inc. was October 18, 2010 and assigned document number P10000085079.
- 2. The following Amendment to the Articles of Incorporation was adopted by the corporation:

#### **CHANGE OF DIRECTORS/OFFICERS:**

Amparo A Santos is *added* as President and Director Juan C. Duany shall be *deleted* as President

### The newly appointed officers and directors of the corporation is/are as follows:

Amparo A. Santos, President/Director

Address: 5801 NW 151ST street, Suite 101, Miami Lakes, Florida 33014

Juan C Duany, Vice-President

Address: 5801 NW 151ST street, Suite 101, Miami Lakes, Florida 33014

The Amended Articles and each Amendment described herein were approved by the shareholders. The number of votes cast for the amendments by the shareholders were sufficient for approval. The Amendments are hereby adopted and shall be effective as of the date written below.

The Amended Articles were adopted by the Corporation's Directors and Shareholders on the 30th day of September, 2013.

SIGNED, this 30<sup>TH</sup> day of September, 2013

Amparo A. Santos, President