## PUDDSSIP

(Re	equestor's Name)
(Ad	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bi	usiness Entity Name)
· (D	ocument Number)
Certified Copies	Certificates of Status
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OCT 25 2013

R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: PROFESSIO	NAL HOME HEALT	TH SERVICES, INC.			
DOCUMENT NUMBER: P1000008507	79				
The enclosed Articles of Amendment and fee are so	ubmitted for filing.				
Please return all correspondence concerning this ma	atter to the following:				
	AMPARO A. SA	ANTOS			
	Name of Contact Person				
PROFESSIONA	L HOME HEALT	H SERVICES, INC.			
	Firm/ Company				
5801 NW	151st STREET	SUITE 101			
	Address	4.4			
MIAN	11 LAKES, FL. 33	3014			
	City/ State and Zip Cod	e			
r	orofhhserv@gma	il com			
	ised for future annual report				
	·				
For further information concerning this matter, plea	ase call:				
AMPARO A. SANTOS	at (305	, 828-7272			
Name of Contact Person		de & Daytime Telephone Number			
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 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		Address			
Amendment Section Division of Corporations	Amendment Section Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee. FL 32314		Executive Center Circle assee, FL 32301			

## **Articles of Amendment** Articles of Incorporation of

FILED 13 OCT 21 M 10: 34

PROFESSIONAL HOME HEALTH SERVICES ENCHARY OF STATE (Name of Corporation as currently filed with the Florida Dept. of State) FALLAHASSEE, FLORIDA P10000085079

(Document Number of Corporation (if known)

dment(s) to

V/A			
	nation "Corp," "Inc," or	on," "company," or "incorporated" or "Co". A professional corporation name "P.A."	
s. Enter new principal office address, Principal office address <u>MUST BE A S</u>		N/A	
Enter new mailing address, if apple	icable:	N/A	
(Mailing address MAY BE A POST			
(Mailing address MAY BE A POST)  If amending the registered agent an	OFFICE BOX) ad/or registered office add	ress in Florida, enter the name of the	
(Mailing address MAY BE A POST)  If amending the registered agent an new registered agent and/or the new	OFFICE BOX) ad/or registered office add	ress in Florida, enter the name of the	
(Mailing address MAY BE A POST)  If amending the registered agent an	od/or registered office add w registered of fice address AMPARO A.	ress in Florida, enter the name of the s: SANTOS	
(Mailing address MAY BE A POST)  If amending the registered agent an new registered agent and/or the new	od/or registered office add w registered office address AMPARO A. 5801 NW 151st S	ress in Florida, enter the name of the	
(Mailing address MAY BE A POST)  If amending the registered agent an new registered agent and/or the new	od/or registered office add w registered office address AMPARO A. 5801 NW 151st S	ress in Florida, enter the name of the size SANTOS STREET SUITE 101	

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	Т	JUAN C	C. DUANY	5801 NW 151st STREET
Add				SUITE 101
Remove				MIAMI LAKES, FL. 33014
2) Change				
Add				
Remove				
3) Change				_
Add				
Remove				
4) Change		- <del></del>	<del></del>	
Add				
Remove				
5) Change	. —			
Add				
Remove				
6) Change				
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:			
10/05/2012			
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 10/05/2013			
Signature ASM			
(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)	_		
AMPARO A. SANTOS			
(Typed or printed name of person signing)	_		
PRESIDENT			
(Title of person signing)	_		