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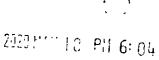
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Indian River Home	e Care, Inc.	
DOCUMENT NUM	D11(VVV)27413		
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	Margot Kornicks		
		Name of Contact Person	
	Indian River Home Care, Inc		
		Firm/ Company	
	65 Royal Palm Pointe, Suite	A	
	Address		
	Vero Beach/Florida 32960		
	City/ State and Zip Code		
	margotk@indianriverhomeca	are.com	
	-	sed for future annual report	notification)
For further informati	on concerning this matter, plea		569-3885
	of Contact Person	at (Area Coo	569-3885 Je & Daytime Telephone Number
Enclosed is a check	or the following amount made		
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of



INDIAN RIVER HOME CARE, INC.				., 0
(<u>Name</u>	of Corporation as curren	ly filed with the Florida D	ept. of State)	
P11000037612				
	(Document Number	of Corporation (if known)	<u>-</u>	
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amen	dment(s) to
A. If amending name, enter the new r N/A	ame of the corporation:			
name must be distinguishable and contai "Inc.," or Co.," or the designation " "chartered," "professional association,	Corp." "Inc." or "Co".	A professional corporation	d" or the abbreviation "Cor	new p., " vord
B. Enter new principal office address.	<u>if applicable:</u>	N/A		
(Principal office address <u>MUST BE A S</u>	STREET ADDRESS)			
				_
C. Enter new mailing address, if apple (Mailing address MAY BE A POST		N/A		_
				_
				_
D. If amending the registered agent a	nd/or registered office add	ress in Florida, enter the n	ame of the	
new registered agent and/or the ne	w registered office address	<u> </u>		
Name of New Registered Agent	N/A			
	(Florida str	eet address)		
New Registered Office Address:	N/A		Distriction	
		(City)	Florida(Zip Code)	_
New Registered Agent's Signature, if c thereby accept the appointment as regist	hanging Registered Agent tered agent. I am familiar	<u>:</u> with and accept the obligation	ons of the position.	
 -	Signature of New R	egistered Agent, if changing	,	
	The state of the s	eganerea agene, if changing		
Check if applicable				

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

Example: 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		N/A	N/A
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
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)
N/A

· · · · · · · · · · · · · · · · · · ·
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) Re-classification of issued shares as follows:
Margot Kornicks 51% shares residing at 4880 12th place, Vero Beach, Fl, 32966
Harvey Kornicks 49% shares residing at 4880 12th place, Vero Beach, FL 32966

	5/13/2010	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors wit	nout shareholder action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cas sufficient for approval.	for the amendment(s)
	proved by the shareholders through voting groups. reach voting group entitled to vote separately on the	
"The number of votes ca	t for the amendment(s) was/were sufficient for appro	val
by N/A		••
	(voting group)	_
5/13/2020 Dated		
Signature	Margot Kourik	-
selec	director, president or other officer – if directors or of ed, by an incorporator – if in the hands of a receiver, ited fiduciary by that fiduciary)	
	Margot Kornicks	
	(Typed or printed name of person signing	g)
	President	
	(Title of person signing)	