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## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: Lotal Pubate Palm Beach Home Health Inc
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carol Renghredge
Carol Renghridge  Name of Contact Person  Lotal Private Palm Beach Home Health Qua  Firm/ Company
9045 La Senvana Blud #108,
Boca Ralon, Il 33434
Boca Raxon, Il 33434  City/ State and Zip Code  clong bridge & to Lalpruble. Com  E-mail address: (18 be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (954) 651-6488  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation	on as currently filed with the F	lorida Dept. of State)	
(Docum	nent Number of Corporation (if )	(nown)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Co	rporation adopts the following am	endment(s) to
A. If amending name, enter the new name of the co	orporation:		
		The	new
name must be distinguishable and contain the word "co" "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbre	or "Co". A professional co	corporated" or the abbreviation "C	lorp., "
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			
	<del></del>		<del></del>
			<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	Y)	2021 36 1741	
	<u> </u>	iii B	-11
		<u></u> <u></u>	
	·	Te 🔫	-FTI
D. If amending the registered agent and/or register new registered agent and/or the new registered		nter the name of the	
	office address.	<b>5</b>	
Name of New Registered Agent	<u> </u>		
<u></u>			
	(Florida street address)		
New Registered Office Address:	(City)	, Florida(Zip Code)	<del></del>
	<i>ر</i> دان	(z.q. Couc)	
New Registered Agent's Signature, if changing Reg	istered Agent:		
I hereby accept the appointment as registered agent.	l am familiar with and accept th	e obligations of the position.	
Signa	iture of New Registered Agent, i,	f changing	
Check if applicable			

 $\Box$  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; CE() = 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)	Title	Name	<u>Addres</u> s
1) Change		Stephen Lostundo	3/27 W Hallandak
Add			Bch Blud #108
Remove			Hallandale \$13300
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

ttach <i>aa</i>	litional sheets, if necessary). (Be specific)	
·		
		<del></del>
	<del></del>	
	dment provides for an exchange, reclassification, or cancellation of issued shares	<u>i.</u>
	s for implementing the amendment if not contained in the amendment itself: tapplicable, indicate N/A)	
1.9 /		
<u> </u>	Please Die alfacheel plen Lestumbo - 25070 Shares in Lotal Private Palm Beak Home Lkott	
	plan Lastumbio - 250/0 Shares in	
	Portal Prince Colon Beat the of hal	11 11
	To the I wate fuery wan from the	r eac.
-		<u> </u>

## BILL OF SALE

KNOW ALL MEN BY THESE PRESENTS, that Total Private Palm Beach Home Health Inc., Seller, as the shareholder of a total of twenty five (25) shares of stock representing 25% of the shares of stock Total Private Palm Beach Home Health Inc, a Florida corporation (the "Company"), in consideration of the sum of Ten and No/100 Dollars (\$10.00), lawful money of the United States paid to him her/them by Stephen Lostumbo, Buyer, the receipt whereof is hereby acknowledged, has/have granted bargained, sold, transferred and delivered, and by these presents does/do grant, bargain, sell, transfer and deliver unto the Buyer, his/her/their executors, administrators and assigns, the following goods and chattels:

Twenty Five (25) shares of stock representing 25% of the total shares of stock in the Company (the "Stock")

TO HAVE AND TO HOLD the same unto the Buyer, his/her/its executors, administrators and assigns forever.

AND I/we do, for ourselves, heirs, executors and administrators, covenant to and with the said Buyer, his/her/their executors, administrators and assigns, that I/we are the lawful owners of the Stock; that the Stock is free from all encumbrances; that I/we have good right to sell the Stock, and that I/we will warrant and defend the sale of the Stock to the Buyer, his/her/its executors, administrators and assigns against the lawful claims and demands of all persons whomsoever.

IN WITNESS WHEREOF, I/We have hereunto set my/our hand and seal on this 3rd day of

February, 2020

SELLER:

Total Private Paim Beach Home Health Inc. a Florida corporation.

By: Main J. Hernandez

Its: President

BUYER:

Stephen Dostumbe

Stephen Lostumbo

Its: Owner

Julian Cruz
Notary Public - State of Florida
Commission #GG 28168
Expires 9/8/2020

Notary Public

The date of each amendment(s) adopti date this document was signed.	iod:	if other than the
Effective date if applicable:	2/1/2020	
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this block document's effective date on the Department	does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as th.
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the a ent for approval.	umendmeni(s)
☐ The amendment(s) was/were approve must be separately provided for each	ed by the shareholders through voting groups. The follow is voting group entitled to vote separately on the amendu	wing statement nent(s):
"The number of votes cast for the	he amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) is/are being filed	pursuant to s. 607.0120 (11) (e), F.S.	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without share	cholder action and shareholder
	or, president or other officer – if directors or officers has	
	van incorporator – if in the hands of a receiver, trustee, of iduciary by that fiduciary)	or other court
	Main J. Hernaude (Typed or printed name of person signing)	
/Tir	President te of person signing)	