P12000016888

(F	Requestor's Name)
(/	Address)
(/	Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(I	Business Entity Name)
(1)	Document Number)
Certified Copies	Certificates of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: STAR HOME CA	RE AND COMPANION S	ERVICES INC
DOCUMENT NUMB	P12000016888		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	YUDERCA M BARBERA		
		Name of Contact Person	1
	STAR HOME CARE AND O	COMPANION SERVICES	INC
		Firm/ Company	
	5258 GOLDEN GATE PKW	Y SUITE 106	
		Address	
	NAPLES, FL 34116		
	-	City/ State and Zip Cod	e
vudv(@accountingplusmore.com		
	.,	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
YUDY BARBERA		at (643-9968
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations i Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

STAR HOME CARE AND COMPANION SERVICES INC

(Name of Corporation	n as currently filed with the Florida Dept. of State)
P12000016888	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the cor	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADD</u>	RESS)
	
C. Enter new mailing address, if applicable:	55 5 T
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>
	<u> </u>
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered of	office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	stered Agent: I am familiar with and accept the obligations of the position.
Therety accept the approximent as regimered agent.	anyumma wan accept the sangaran sy me parameter
Signa	iture of New Registered Agent, if changing

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:	<u>PT</u>			
X Change		John Doe		
X Remove	$\underline{\mathbf{V}}$	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	D	DARLENE BARBERA	1321 SW 130TH AVE	
X Add			MIAMI, FL 33184	
Remove				
2) Change			<u></u>	
Add				
Remove				
3) Change				
A dd				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional A Attach additional sheets, if necessar	y). (Be specific)			
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• "				<u> </u>
				
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f an amendment provides for an oppositions for implementing the	exchange, reclassifica amendment if not cor	<u>tion, or cancellation</u> Itained in the amendr	of issued shares, nent itself:	
(if not applicable, indicate N/-	1)			
		·-		
•				<u> </u>
				
		_		
		·	· 	

The date of each amendment(s) adoptio	i:, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block of document's effective date on the Departm	pes not meet the applicable statutory filing requirements, this date will not be listed as the nt of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were adopted to by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) for approval.
	by the shareholders through voting groups. The following statement oting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	amendment(s) was/were sufficient for approval
by	<u></u> ."
·	(voting group)
☐ The amendment(s) was/were adopted baction was not required.	y the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder
07/17/2018	
Dated	Malina
(By a directo	president or other officer – if directors or officers have not been
	n incorporator – if in the hands of a receiver, trustee, or other court (ciary by that fiduciary)
/ . ,	
/ <u>Y</u> 90	ERCA M BARBERA
	(Typed or printed name of person signing)
VP	
	(Title of person signing)