## P12000033389

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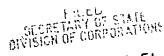
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Saving Live	s Home H	lealth A	Agency, Inc.
	BER: P12000033389			
	of Amendment and fee are sub			
Please return all corre	spondence concerning this matt	er to the following	ng:	
	Raymond R. Ham	imons		
		Name of Cont	act Person	
	Saving Lives Hom	ne Health .	Agend	y, Inc.
		Firm/ Coi	npany	
	4521 Lake Worth	Road		
		Addre	ess	
	Greenacres, FL 3			
		City/ State and	d Zip Code	
sav	vingliveshomeheal	th@yahoo	com.	
	E-mail address: (to be us	ed for future ann	ual report	notification)
For further information	n concerning this matter, pleas	e call:		
Raymond R.	Hammons	at (	407	341-6456 de & Daytime Telephone Number
Name	of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Flo	orida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	•\$43.75 Filin Certified Co (Additional c enclosed)	ру	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	iling Address endment Section rision of Corporations b. Box 6327 lahassee, FL 32314		Amend Division Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



## Saving Lives Home Health Agency, Inc.

15 MAR 13 AM 9: 54

(Name of Corporation as currently filed with the Florida Dept. of State) P12000033389 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Raymond R. Hammons Name of New Registered Agent 4521 Lake Worth Road (Florida street address) Greenacres New Registered Office Address: (City) New Registered Agent's Signature of changing Registered Agent: I hereby accept the appointment as registered agent. Lan familier with and accept the obligations of the position.

Signature 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: 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>	Address
1) Change	D	Raymond R. Hammons	4521 Lake Worth Road
Add			Greenacres, FL 33463
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		-	
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if no	cessary).	(Be specific)				
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			·			
If an amendment provides to provisions for implementing (if not applicable, indicable here has been a change)	ng the ame	endment if not	contained in	the amendme	nt itself:	
				<del></del>		•
gency, Inc. shareholde	ers. The	updated sr	narenoider	(%) INTORM	ation is as	ioliows:
SLHHA Holdings, LLC.	50%			<u></u>	·····	
Friskot Dessalines	22.5%	·				
Myrlande Dessalines	22.5%					
	5%					
Menard Dessalines	0 70					

The date of each amendment(s) adoption:	3-10-2015	TRELL STALL	, if other than the ·
date this document was signed.		BENEMON OF CORPORATION	
Effective date if applicable: 3-10-2015	5	15 MAR 13 AM 9: 54	
	(no more than 90 days a	fter amendment file date)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number for approval.	of votes cast for the amendment(s)	
The amendment(s) was/were approved b must be separately provided for each vo			
"The number of votes cast for the a	amendment(s) was/were suffici	ent for approval	
by			
	(voting group)		
The amendment(s) was/were adopted by action was not required.	the board of directors without	shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	the incorporators without shat	reholder action and shareholder	
David 3/10/2015			
Dated 3/10/2013 Signature	de lessaline	- <b>-</b>	
		directors or officers have not been	<del></del>
	incorporator – if in the hands ciary by that fiduciary)	of a receiver, trustee, or other court	
Myrla	ande Dessalines		
<del></del>	(Typed or printed r	name of person signing)	
VP/C	FO		
	(Title of pe	erson signing)	