P12000097624

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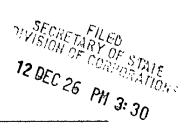
T. BROWN

COVER LETTER

TO: Amendment Section

Division of Corp	orations			
NAME OF CORPORATION: Ideal Home Health, Inc				
DOCUMENT NUMI	BER: P1200009762	4		
			li	
The enclosed Articles	of Amendment and fee are su	omstied for fi	ııng.	
Please return all corre	spondence concerning this mat	tter to the foll	owing:	
	Yamile Pupo			
			Contact Person	ı
	Ideal Home Healt			
			Company	
	7902 W. Waters 3	Ste. H	.,,,	
			ddress	
	Tampa, FL 33615	5		
		City/ State	and Zip Code	
vnı	upo1@yahoo.com			
<u> </u>	E-mail address: (to be us		annual report	notification)
For further informatio	n concerning this matter, pleas	se call:		
Varrella Dina			040	700 4006
Yamile Pupo		at	(813	728-4226
Name	of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the	: Florida Depa	rtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified	al copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	iling Address endment Section			Address ment Section
- ****	ision of Corporations			n of Corporations
P.O. Box 6327		Clifton Building		
Tall	lahassee, FL 32314			xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of



Ideal Home Health, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P12000097624 (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: 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: Name of New Registered Agent (Florida street address) , Florida New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar 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.

X Change	PT Joh	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	SV Sal	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Liena Perez	2715 Saint Conrad Street
Add			Tampa, FL 33607
X Remove			
2) Change	VP	Francisco Aguiar	9124 Bay Meadow Ct
X Add			Tampa, FI 33615
Remove			and the state of t
3) Change	SC	Liena Perez	2715 Saint Conrad Street
Add			Tampa, FL 33607
X Remove			
4) Change	SC	Francisco Aguiar	9124 Bay Meadow Ct
X Add			Tampa, FI 33607
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

-	ssary). (Be spe	rific)		
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an amendment provides for	an exchange, re	lassification, or ca	ncellation of issued s	nares,
provisions for implementing t	he amendment i	lassification, or ca not contained in	ncellation of issued s the amendment itself:	nares,
an amendment provides for provisions for implementing t (if not applicable, indicate	he amendment i	iassification, or ca not contained in	ncellation of issued s the amendment itself:	nares,
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an amendment provides for provisions for implementing to (if not applicable, indicate	he amendment i	iassification, or ca not contained in	ncellation of issued s the amendment itself:	nares.

The date of each amendment(s) adoption: 12/19/2012		
Effective date if applicable:		
•	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement 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)	
	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 12	19/12	
Signature	Jeff John John John John John John John John	
selecte	director, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)	
	Yamile Pupo (Typed or printed name of person signing)	
	, , , , , , , , , , , , , , , , , , , ,	
	President (Title of person signing)	
	(rate of person signing)	

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