## P.1300012989

(Re	equestor's Name)	
(Ad	ddress)	
(A)	ddress)	
(C	ity/State/Zip/Phone	<del>=</del> #)
PiCK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
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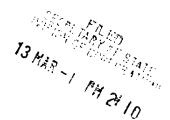
Amund (103,4,13

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: FAMILY HO	OME CARE A L	F, INC.
	BER: P1300001298		
	of Amendment and fee are su		
Please return all corre	spondence concerning this ma	tter to the following:	
	LON C MANLEY		
		Name of Contact Person	•
	RIOS, SMIDHUM	<u></u>	<u> </u>
	0.404.144.004.0000000000000000000000000	Firm/ Company	
	3421 W CYPRES		
	TANADA EL 000	Address	
	TAMPA, FL. 336		
		City/ State and Zip Cod	e
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
LON C MAN	LEY	at (813	, 879-1040
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
\$35 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)
Am Div P.C	iling Address endment Section rision of Corporations b. Box 6327 lahassee, FL 32314	Amenc Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec. FL 32301

## Articles of Amendment to Articles of Incorporation of



## FAMILY HOME CARE A L F, INC.

(Name of Corporation as currently filed with the Fl	orida Dept. of State)
P13000012989	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
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: new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	,
N'ew Registered Office Address: (City)	, Florida(Zip Code)
•	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Registered A	gent, 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	<u>PT</u> <u>Joh</u>	<u>in Doe</u>	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ty Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	PD	KIRENIA BAEZ	6214 N THATCHER AVE
Add			TAMPA, FL. 33614
Remove			
2) Change	D	CARLOS DIAZ	6214 N THATCHER AVE
Add			TAMPA, FL. 33614
X Remove			
3) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change (Be specific)	<u> </u>		
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			<del></del>	
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		. <u></u>		
	<del></del>			<del></del>
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f an amendment provides for an exc	hange, reclassifica	tion or cancellatio	n of issued shares.	
provisions for implementing the amo	endment if not con	tained in the amen	dment itself:	
(if not applicable, indicate N/A)			<del>-</del>	
, , , , , , , , , , , , , , , , , , ,				

The date of each amendment(s) a	Adoption: FEBRUARY 20, 2013
Effective date <u>if applicable</u> :	EBRUARY 20, 2013
· ————————————————————————————————————	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s).
"The number of votes eas	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder
Dated FEBR	UARY 20, 2013
Signatura	WARY 20, 2013 KiBrezo.
(By a	director, president or other officer – if directors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	KIRENIA BAEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)