P13000022617

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	:#)
PICK-UP	☐ WAIT	MAIL
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C. Lewis 10-17-14

COVER LETTER

TO: Amendment Section Division of Corporations

	ATION: Bay Area ER: P130000220		Services Inc
	of Amendment and fee are su		
Please return all corres	pondence concerning this ma	tter to the following:	
	Alexis Arteaga		
		Name of Contact Person	1
_	Bay Area Hom	e Health Serv	ices Inc
		Firm/ Company	
	2713 W Sligh A	Avenue	
•		Address	
	Tampa, FL 336	614	
•		City/ State and Zip Cod-	e
bay	/areahhs@gma	ail.com	
<u> </u>		sed for future annual report	notification
	D-mail address. (to be de	sed for future aimidal report	nonneacton)
For further information	concerning this matter, pleas	se call:	
Alexis Artea	aga	at (813	₎ 735- 0137
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	S52.50 Filing Fec Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address		Address
	ndment Section		ment Section
	sion of Corporations		on of Corporations
= -	Box 6327		Building

Tallahassee, FL 32301



Articles of Amendment Articles of Incorporation



14 OCT -8 AM 9: 03

Bay Area Home Health Service Inc

(Name of Corporation as currently filed with the Florida Dept. of State) P13000022617 (Document Number of Corporation (if known)

nent(s) to

A. If amending name, enter the new name of the	corporation:	The
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or the	rp," "Inc," or "Co". A pa	
R. Enter new principal office address, if applical (Principal office address <u>MUST BE A STREET AI</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE 1	<u></u>	
D. If amending the registered agent and/or regis new registered agent and/or the new registere	tered office address in Flo ed office address:	rida, enter the name of the
Name of New Registered Agent		
	(Florida street address)
New Registered Office Address:	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing R		ccept 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 Doc	
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	V	Juan M. Limas	14903 Glasgow Ct
Add			Tampa, FL 33624
Remove			
2) Change			
Add		•	
Remove			
3) Change			
Add			
Remove		,	
4) Change			
Add		•	
Remove			
5) Change	·		
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
<u> </u>		
	•	
	hange, reclassification, or cancellation of issued shares,	
If an amendment provides for an exci	ndment if not contained in the amendment itself:	
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
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provisions for implementing the ame	endment if not contained in the amendment itself:	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	

The date of each amendment(s) adoption: October 1, 2014 , if other than the 14 OCT -8 AM 9: 03 date this document was signed. October 1, 2014 Effective date if applicable: (no more than 90 days after amendment file date) Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 (voting group) The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated_October 1, 2014 Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Alexis Arteaga (Typed or printed name of person signing) Chief Executive Officer

(Title of person signing)