## P1400061724

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

MAY 2 2 2017 T. LEMIEUX



## **COVER LETTER**

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**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Desive Health Care, Corp.							
DOCUMENT NUMBER: P14000061724							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Geysel Acosta  Name of Contact Person  Describe Health Care.  Firm/ Company  601 SW 57 Ave. Stell  Address  Hiani, FL 33144  City/ State and Zip Code  describe Lealth Care a yaroo. Com  E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Clusel Acosta at (786) 230-0340  Name of Contact Person Area Code & Daytime Telephone Number							
Enclosed is a check for the following amount made payable to the Florida Department of State:							
\$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  Certified Copy (Additional Copy is enclosed)							
Mailing Address Street Address							

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment**

to

Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State) (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) 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

Page 1 of 4

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.

Mike Jones, V as Remove,	and Sall	y 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>	<u>Addres</u> s
1) Change Add	<u>T</u>	Geysel Acosta	13050 SW265 St Homestead, F(33032
Remove			
2) Change Cos	e Hav	uger Isaway Santiso	11820 Miramar Pros
Add Remove			122 Miramar, FC 33025
3) Change	<u>E0</u>	Geysel Acosta	13050SW 265 St Homestead, F(33032
Remove			
4) Change Adver	P	Geysel Acosta	13050 SW 265 St 7 Homestead, F(33032)
Remove			
5) X Change Adde	VP		13050 SW 265 St ) * Homestead, FL33032) *
Remove			
6) Change			
Add			
Remove			

	nding or adding additional Art additional sheets, if necessary).				
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provi	mendment provides for an exclusions for implementing the amount of applicable, indicate N/A)				
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 5/16/17	
no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 5/10/17	
Signature  (By a director, president of pher officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other courappointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
President/CEO	
(Title of person signing)	