P14000088011

(Re	equestor's Name)			
(Ac	dress)			
(Ac	ddress)			
(Cit	ty/State/Zip/Phone	e #)		
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C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

	nsive Home Care Solutions, Inc.			
DOCUMENT NUMBER: P1400008801	<u> </u>			
The enclosed Articles of Amendment and fee are sul	ubmitted for filing.			
Please return all correspondence concerning this mat	atter to the following:			
Antonio A Marrero				
	Name of Contact Person			
Comprehensive H	Home Care Solutions, Inc.			
	Firm/ Company			
2161 Palm Beach	2161 Palm Beach Lakes, Blvd., Ste. 215			
	Address			
West Palm Beach	h, FL 33409			
	City/ State and Zip Code			
oomprobonsiyobomo	a acros alutiona@amail.com			
•	ecaresolutions@gmail.com			
E-man address: (to be us	sed for future annual report notification)			
For further information concerning this matter, pleas	ase call:			
Antonio A. Marrero	_{at} 305202-3676			
Name of Contact Person	Area Code & Daytime Telephone Number			
	•			
Enclosed is a check for the following amount made p	payable to the Florida Department of State:			
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address	Street Address			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Comprehensive Home Care Solutions, Inc.	C.		
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	5	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2
P14000088011			\$
(Document Number of Corporation (if	known)	- Seda	2 2 K - 1 K - 1 M
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Slorida Profit Corporation	adopts the followin	زریا g amendment(s) to
A. If amending name, enter the new name of the corporation:			
NOT APPLICABLE			_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 "F	o". A professional corpo P.A."	ration name must	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		BLE	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) NOT APPL		BLE	- - -
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 NOT APPLICABLE	•••	ime of the	-
			
(Florida stree	et address)	_	
New Registered Office Address:	, Floric		<u>-</u>
(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the second s	,	ons of the position.	
Signature of New Registered As	vent if chanoing		

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)	Title	Name	<u>Addres</u> s
1) Change	VP	Jose L Barbara	2161 Palm Beach Lakes Blvd.
Add			Suite 315
Remove			West Palm Beach, FL 33409
2) Change			
Add Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

•	ditional sheets, if nece	onal Articles, ei essary). (Be s	pecific)	. <u>1 C</u> .		
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16				1h .*	·	
provision	ndment provides for ns for implementing	the amendmen	rectassification, it if not containe	<u>or cancenation</u> d in the amend	ment itself:	a
1:6-	ot applicable, indicate	e N/A)				
-	I ICABLE					
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The date of each amendmen		, if other than the
date this document was signed		
Effective date if applicable:	10/22/2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
	ere adopted by the shareholders. The number of votes east for the amendment(s) were sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	•	
	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated_10/2	29/2014 []AH]	
Signature _	(JAH)	
	By a director, president or other officer – if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	Antonio A Marrero	
	(Typed or printed name of person signing)	
	(Typed of printed name of person signing)	
	President	
	(Title of person signing)	