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SECRETARY OF STATE

JALLAHASSEE, FLORE

OCT 23 2018

S. YOUNG

COVER LETTER

TO: Amendment Section

Division of Corpor		•		
NAME OF CORPOR	ATION: PINK	21bbon Hom	e Health Care	
DOCUMENT NUMBI	ER:	5000060323		
The enclosed Articles of	f Amendment and fee are si	ıbmitted for filing.		
	ondence concerning this ma	-		
	Miani	Name of Contact Person Son Howe H Firm/ Company a inebleace Address City/ State and Zip Cod Drink abbon h sed for future annual report	e	
			notification)	
For further information	concerning this matter, pleas	se call:		
Lourd	es Castillo Contact Person	a _{(_} 3 <i>0</i> 5	de & Daytime Telephone Number	
Name of	*Contact Person	Area Co	de & 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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amen Divisi	ng Address dment Section on of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation

Pink Ribbon Home	Health Care Corp	
(Name of Corporation as cur	rently filed with the Florida Dept. of State)	
71500	000 60 32 3	
	ber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation Pink Ribbon Home name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," word "chartered," "professional association," or the abbrevial	CAVE SEXVICIA (DCF) The new pration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the tion "P.A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	6959 Northwaterway Drive Miani Fl 33155	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6959 North Waterway Drive Miami F1 33155	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad-		
Name of New Registered Agent		
india og reg neganored rigen	≥ 50 1 ∞	
(Florida street address)		
New Registered Office Address:	(City) , Florida (Theode)	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am familiary	FLORD C	
Signature of N	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.

- wuke Jones, F as Kemove - Example:	г, ана ъаі	iy Smun, Sv. as an Aaa.	
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	<u>VP</u>	Lourdes A Perez-Casti	110 6959 N. WAterway Dr. V
Add			Miani F1 33155
Remove			
2) Change	<u></u>	Elizabeth Consdex	6959 N. WATERWay Drive
Add			Mlani Fl 33155
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach <i>addi</i>	tional sheets, if necessary). (Be speci	change(s) here: fic)			
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rovisions	lment provides for an exfor implementing the ar	<u>rendment if i</u>	not contained in th	ie amendment i	self:	
(if not	applicable, indicate N/A)					
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The date of each amendment(s) adopt date this document was signed.	ion:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date wiment of State's records.	If not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes east for the amendment(s) ent for approval.	
☐ The amendment(s) was/were approve must be separately provided for each	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes east for t	he amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated	8-2018	
selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)	_
_ €	(Typed or printed name of person signing)	
	President (Title of person signing)	
	() tile of person signing)	