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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Pink Ribbon Home	e Care Services Corp		
DOCUMENT NUM	BER: P150000 W	323	 	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	itter to the following:		
	Evelyn Ortiz			
		Name of Contact Person		
	Pink Ribbon Home Care Ser	vices Com		
		Firm/ Company	·	
	6959 North Waterway Drive	• •		
	· · · · · · · · · · · · · · · · · · ·	Address		
	Miami, Fl 33155			
		City/ State and Zip Cod	e	
E.OI	RTIZ@PINKRIBBONHCS.C	OM		
		sed for future annual report	notification)	
			······,	
For further information	on concerning this matter, pleas	se call:		
Evelyn Ortiz		305	588-6360	
Name	of Contact Person	Area Co) 588-6360 de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made			
	.			
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
	iling Address		Address	
Amendment Section		Amendment Section		
	rision of Corporations 1. Box 6327	Division of Corporations Clifton Building		
	lahassee, FL 32314	2661 Executive Center Circle		
1 anama300, 1 to 34317		Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

PINK RIBBON HOME CARE SERVICES CORP.

(Name of Corporation	n as currently f	iled with the Flori	da Dept. of State)			
P15000060323						
(Docume	ent Number of C	orporation (if know	m)			
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Flo	orida Profit Corpor	ration adopts the fol	llowing ame	ndment	l(s)
A. If amending name, enter the new name of the cor	poration:					
				The	new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the a	" "Inc," or "Co	". A professional	'incorporated'' or corporation name	the abbrevi must contai	ation n the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR					_	
			<u> </u>	= F3	19	
					<u>~</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	in.			聂平	MAR	-17
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		<u> </u>			7	
				<u> 9</u>		
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	ed office addres office address:	s in Florida, enter	the name of the .	툿픿	64	
Name of New Registered Agent						
						
	(Florida street	address)				
New Registered Office Address:			, Florida			
	(C	ity)		(Zip Code)		
New Registered Agent's Signature, if changing Regis	stered Agent:					
I hereby accept the appointment as registered agent.	am familiar wit	h and accept the ob	ligations of the pos	ition.		
Simo	itura of Nau Pag	istored Agent if ch	unaina			

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT Jol	<u>hn Doe</u>	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		ELIZABETH GONZALEZ	6959 NORTH WATERWAY DR
			MIAMI FL 33155
Add X Remove			
2) Change		<u> </u>	
Add			
Remove			
3) Change	 		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		·	

(Attach additional sheets, if necessary)	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
	<u> </u>			
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				<u>., </u>
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		<u></u>		
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If an amendment provides for an exprovisions for implementing the an (if not applicable, indicate N/A)	change, reclassific nendment if not co	ation, or cancella entained in the am	tion of issued shar endment itself:	<u>es,</u>
(tj noi appricable, marcule ivis)				
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Effective date if applicable:	The second section of the second
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Note: If the date inserted in this phiel	k does not meet the applicable statutory filing requirements, this date will not be dissed as the
document's effective date on the Depart	ment of State's records
Adoption of Amendment(s)	(CHECK ONE)
	I by the shareholders. The number of votes cast for the amendment(s)
by the shareholders was were suffici	ent for approval.
Frankling Commence of the Comm	
and the unreminents) was were approve	d by the shareholders through voting groups. The following statement
anny og refigherard, Urderades for sing	withing group entitled to voic separately on the ameritments):
The number of votes east for the	he amendment(s) was were sufficient for approval
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	Continue la continue de la continue
	by the board of directors without shareholder action and shareholder
action was not required.	
	by the incorporators without shareholder action and shareholder
inction was not required.	
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To be a second of the second o	· · · · · · · · · · · · · · · · · · ·
Signature	
	president or other officer if directors or officers have not been
	n incorporator—if in the hands of a receiver, trustee or other court
appointed not	iciary by that fiduciary)
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of a wind his contraction of the	(Typed or printed name of person signing)
· 我们是一个的意思和最大的意思。	
	President
The second secon	
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	(Title of person signing)