

P16000023937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

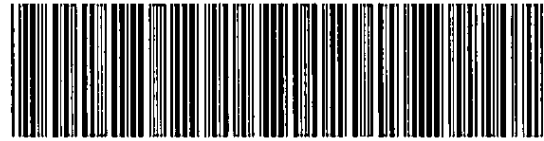
(Business Entity Name)

(Document Number)

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Florida Probate

— LAW FIRM PLLC —

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August 25, 2021

VIA FEDERAL EXPRESS
TRACKING#7746 3551 2801
AMENDMENT SECTION
DIVISION OF CORPORATIONS
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: Estate of CHOSTENE FRANCOIS
Subject: Open Heart Home Care Services, Inc.
Ref. Number: P16000023937

To Whom it May Concern:

Our office represents the Estate of Chostene Francois, and Astride Francois as the appointed personal representative.

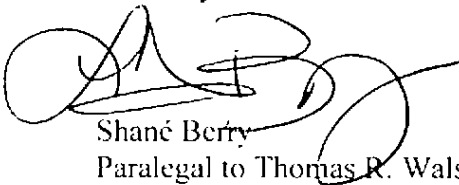
In connection with the above-reference corporation, please find enclosed, the Articles of Amendment to Articles of Incorporation, along with the supporting resolution and consent.

Also enclosed is check no. 10093 in the amount of \$35.00, as payment of the filing fee.

Kindly process the requested Amendment as set forth therein.

Should you have any questions or require additional information to process this request, please do not hesitate to contact our office.

Sincerely,



Shané Berry
Paralegal to Thomas R. Walser, Esq.

/sb
Enclosure

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: OPEN HEART HOME CARE SERVICES, INC.

DOCUMENT NUMBER: P16000023937

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ASTRIDE FRANCOIS

Name of Contact Person

Firm/ Company

P.O. Box 771795

Address

Coral Springs, FL 33077

City/ State and Zip Code

astridefrancois1030@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ASTRIDE FRANCOIS

Name of Contact Person

at (954)

673-0707

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 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)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED 00 11 7:56

OPEN HEART HOME CARE SERVICES, INC.

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

P16000023937

(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:

N/A

The new 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**)*

N/A

C. Enter new mailing address, if applicable:

*(Mailing address **MAY BE A POST OFFICE BOX**)*

N/A

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

N/A

(Florida street address)

New Registered Office Address:

(City)

Florida

(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 position.

Astnide Francois
Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)(e), F.S.

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	CEO	Estate of CHOSTENE FRANCOIS	P.O. Box 771795
<input type="checkbox"/> Add			Coral Springs, FL 33077
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	CEO	ASTRIDE FRANCOIS	P.O. Box 771795
<input checked="" type="checkbox"/> Add			Coral Springs, FL 33077
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☒ 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

by _____."
(voting group)

Dated August 19, 2021

Signature Astride Francois
(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)

ASTRIDE FRANCOIS

(Typed or printed name of person signing)

Personal Representative of the Estate of CHOSTENE FRANCOIS

(Title of person signing)

**Resolution by Unanimous Consent in Lieu of Special Meeting
Of the Board of Directors/Share Holders
(By Consent to Action in Lieu of Formal Meeting)**

The undersigned, being the sole Director/Shareholder of **OPEN HEART HOME CARE SERVICES, INC.** hereby adopts the following resolutions by unanimous consent which shall constitute a special meeting of the Board of Directors/Shareholders of the Corporation.

1. The Shareholders of Open Heart Home Care Services, Inc. are the following entities:

<u>SHAREHOLDER</u>	<u>PERCENTAGE OF SHARES OWNED</u>
Estate of Chostene Francois	100%

* The sole shareholder of the corporation was Chostene Francois, who passed away on November 9, 2020. On December 23, 2020, Ms. Astride Francois was appointed as Personal Representative of the Estate of Chostene Francois (Broward Case No. PRC-20-5548). Astride Francois is also the sole beneficiary of the estate.

2. The following be and are hereby elected to serve in the office, effectively removing any previously named parties.

<u>OFFICE</u>	<u>NAME</u>	<u>ADDRESS</u>
President	Astride Francois	P.O Box 771795, Coral Springs, FL 33077

3. The original Articles of Incorporation filed were previously amended on February 10, 2021, and shall be further amended as stipulated in the Articles of Amendment to Articles of Incorporation of Open Heart Home Care Services, Inc. attached at the end of this resolution as Exhibit A.

4. By virtue of this Resolution, it is hereby noted that Astride Francois has the authority to dissolve the corporation and to close any accounts held by Open Heart Home Care Services, Inc. Furthermore, the proceeds of any such accounts shall be made payable to Astride Francois.

Dated: 8/19/, 2021.

Astride Francois
ASTRIDE FRANCOIS, as Personal Representative of the
Estate of Chostene Francois

STATE OF FLORIDA)
COUNTY OF BROWARD) ss.

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization this day, AUGUST 19, 2021, by Astride Francois, as Personal Representative of the Estate of Chostene Francois, who is personally known to me or had produced a FLORIDA DRIVER LICENSE, as identification.

[Seal]



Omar Z. Golaub
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG143980
Expires 9/18/2021

Notary Public

[Signature]