## P180000 38170

| (2)                                     |  |
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| (Requestor's Name)                      |  |
| (Address)                               |  |
| (Address)                               |  |
| (City/State/Zip/Phone #)                |  |
| PICK-UP WAIT MAIL                       |  |
| (Business Entity Name)                  |  |
| (Document Number)                       |  |
| Certified Copies Certificates of Status |  |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO           | RATION: MIDWAY HOME                                    | CARE AGENCY, INC   |  |  |
|-------------------------|--|--|--|--|
| DOCUMENT NUM            | P18000038170   |  |  |  |
| The enclosed Article.   | s of Amendment and fee are su                          | bmitted for filing.  |  |  |
| Please return all corre | espondence concerning this ma                          | itter to the following:  |  |  |
|                         | Pedro Díaz   |  |  |  |
|                         |  | Name of Contact Person   | 1  |  |
|                         | MIDWAY HOME CARE AG                                    | GENCY, INC   |  |  |
|                         |  | Firm/ Company  |  |  |
|                         | 7001 SW 97 AVE.SUITE 10                                | 4  |  |  |
|                         |  | Address  |  |  |
|                         | Miami, FL 33173  |  |  |  |
|                         |  | City/ State and Zip Code   | :<br>:   |  |
|                         | Midwayhca@gmail.com                                    |  |  |  |
|                         | E-mail address: (to be us                              | sed for future annual report                                     | notification)  |  |
|                         | on concerning this matter, plea                        |  | 7// 0/07   |  |
| Pedro Diaz              |  | at (   | ) <u></u>  |  |
| Name                    | of Contact Person                                      | Area Co  | de & Daytime Telephone Number  |  |
| Enclosed is a check f   | or the following amount made                           | payable to the Florida Depa                                      | artment of State:  |  |
| S35 Filing Fee          | S43.75 Filing Fee & Certificate of Status              | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |
|                         | iling Address  |  | Address  |  |
|                         | endment Section rision of Corporations                 | Amendment Section Division of Corporations                       |  |  |
|                         | ). Box 6327  |  | n of Corporations<br>entre of Tallahassee  |  |
|                         | Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 |  |  |  |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

MIDWAY HOME CARE AGENCY, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P18000038170 (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: (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.

Signature of New Registered Agent, if changing

Check if applicable

<sup>☐</sup> 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: X_Change             | PT           | John Doc      |                          |
|-------------------------------|--------------|---------------|--------------------------|
| X Remove                      | <u>V</u>     | Mike Jones    |                          |
| <u>X</u> Add                  | <u>sv</u>    | Sally Smith   |                          |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u>   | Address                  |
| 1) Change                     | VP           | Mayra Bombino | 7001 SW 97 AVE.SUITE 104 |
| Add                           |              |               | Miami, FL 33173          |
| Remove                        |              |               |                          |
| 2) Change                     |              |               |                          |
| Add                           |              |               |                          |
| Remove 3 ) Change             |              | <u> </u>      |                          |
| Add                           |              |               |                          |
| Remove                        |              |               |                          |
| 4) Change                     |              |               |                          |
| Add                           |              |               |                          |
| Remove                        |              |               |                          |
| 5) Change                     |              | _             |                          |
| Add                           |              |               |                          |
| Remove                        |              |               |                          |
| б) Change                     |              |               |                          |
| Add                           |              |               |                          |
| Remove                        |              |               |                          |

|                    |  | Be specific)         |                      |                   |              |
|--------------------|--|----------------------|----------------------|-------------------|--------------|
| ansfer 50% of Comm | on stock shares to new                         | owner Mayra Bon      | ibino.               |                   |              |
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| If an amendment pr | rovides for an exchang<br>lementing the amenda | ze, reclassification | i, or cancellation o | of issued shares, |              |
| (if not applicab   | le, indicate N/A)                              | nent ii not contan   | ned in the amendi    | ilent usen.       |              |
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| June 23 2020   |  |
|--|--|
| The date of each amendment(s) adoption:  | , if other than the                    |
| date this document was signed.   |  |
| June 23 2020   |  |
| Effective date if applicable:  (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 requirement document's effective date on the Department of State's records.                    | s, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)   |  |
| ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareheaction was not required.  | older action and shareholder           |
| The amendment(s) was/were adopted by the shareholders. The number of votes east for the am by the shareholders was/were sufficient for approval.   | endment(s)                             |
| The amendment(s) was/were approved by the shareholders through voting groups. The followir<br>must be separately provided for each voting group entitled to vote separately on the amendment |  |
| "The number of votes cast for the amendment(s) was/were sufficient for approval  |  |
| by   |  |
| (voting group)   |  |
| June 23 2020   |  |
| Dated  |  |
|  |  |
| Signature (By a director president or other officer – if directors or officers have  | and broken                             |
| selected, by an incorporator — if in the hands of a receiver, trustee, or cappointed fiduciary by that fiduciary)  |  |
| Pedro Diaz   |  |
| (Typed or printed name of person signing)  |  |
| President  |  |
| (Title of person signing)  |  |
|  |  |