## P13000031170

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION:	SKT HOME CARE 1. IN	IC.		
	ER:	P18000081170			
The enclosed <i>Articles o</i>	f Amendment and fee are su	ibmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
		Lana Lee-Rhoden			
~		Name of Contact Person	1		
	Lee Home Care, Inc.				
_		Firm/ Company			
		8600 NW 80th Street			
_		Address			
Tamarac, FI. 33321  City/ State and Zip Code					
	E-mail address: (to be u.	sed for future annual report	notification)		
For further information	concerning this matter, plea	se call:			
Lana Lee-Rhoden		at (			
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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		Amenc Divisio Clifton	Address  Iment Section  on of Corporations  Building  Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SKT HOME CARE LINC

· · · · · · · · · · · · · · · · · · ·	tly filed with the Florida Dept. of State)
P1800003	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendments
A. If amending name, enter the new name of the corporation:	
LEE HOME CARE, INC	C. The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
• •	N/A
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
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 ad	
new registered agent and/or the new registered office addre	ss:
N/A Name of New Registered Agent	
tFlorida :	treet address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
Signature of 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 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each c 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. The 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 Cha 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			<del></del>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
1/ <b>A</b>	
-	
·	
<u>If an a</u>	mendment provides for an exchange, reclassification, or cancellation of issued shares,
<u>provi</u>	sions for implementing the amendment if not contained in the amendment itself:  f not applicable, indicate N/A)
!/A	
==	
	· · · · · · · · · · · · · · · · · · ·
•	

	October 3, 2018	
The date of each amendment(s) adopt	tion:	, if other tha
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	k does not meet the applicable statutory filing requirements, this date tment of State's records.	e will not be listed a
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.	
	red by the shareholders through voting groups. The following statements by voting group entitled to vote separately on the amendment(s):	u
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	;"	
	(voting group)	
action was not required.	d by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder	
	October 3, 2018	
DatedSignature	Le-Rhole	
selected, b	etor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
	Lana Lee-Rhoden	
_	(Typed or printed name of person signing)	<del> </del>
	President	
	(Title of person signing)	