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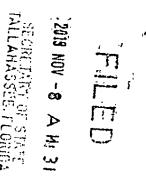
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Special instructions to 1 ming officer. |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: L & D OCEAN H | OME HEALTH CARE CO | DRP | | |
|--|--|--|--|--|--|
| | BER: | **** | ange garate | | |
| The enclosed Article | s of Amendment and fee are st | abmitted for filing. | | | |
| Please return all corr | espondence concerning this ma | utter to the following: | | | |
| | DAYAN JOUVE ROMEU | | | | |
| | | Name of Contact Perso | n | | |
| | L & D OCEAN HOME HEALTH CARE CORP | | | | |
| | | Firm/ Company | | | |
| | 282 S. UNIVERSITY DRIV | • • | | | |
| | Address | | | | |
| | PLANTATION, FLORIDA | 33324 | | | |
| | | City/ State and Zip Cod | e · | | |
| l.doc | ceanhomehealth@gmail.com | | | | |
| | | sed for future annual report | notification) | | |
| For further information | on concerning this matter, pleas | se call: | | | |
| DAYAN JOUVE ROMEU | | 954 at (|) 766-4519 de & Daytime Telephone Number | | |
| Name of Contact Person Area Code & Daytime Tele | | de & Daytime Telephone Number | | | |
| Enclosed is a check for | or the following amount made | payable to the Florida Depa | artment of State: | | |
| ■ \$35 Filing Fee | □S43.75 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 | | Amend Divisie Clifton | Address Ilment Section on of Corporations Building Executive Center Circle | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



L & D OCEAN HOME HEALTH CARE CORP

| P19000054636 | as currently filed with the Florida 28 10 1148 A 14 31 |
|---|--|
| (Documen | nt Number of Corporation (if known) TALLAHASSEE, FLORIGA |
| Pursuant to the provisions of section 607,1006, Florida St ts Articles of Incorporation: | tatutes, this Florida Profit Corporation adopts the following amendment(s) |
| A. If amending name, enter the new name of the corp | oration: |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the abo | The new "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A." |
| 3. Enter new principal office address, if applicable: | 282 S. UNIVERSITY DRIVE |
| Principal office address <u>MUST BE A STREET ADDRI</u> | PLANTATION, FLORIDA 33324 |
| | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 282 S. UNIVERSITY DRIVE |
| | PLANTATION, FLORIDA 33324 |
|). If amending the registered agent and/or registered new registered agent and/or the new registered off | |
| Name of New Registered Agent | |
| | (Florida street address) |
| New Registered Office Address: | , Florida |
| | (City) (Zip Code) |
| iew Registered Agent's Signature, if changing Registe | ered Agent: |
| hereby accept the appointment as registered agent. Lar | m familiar with and accept the obligations of the position. |
| | |
| | re 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, 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 | <u>PT</u> | John Doe | |
|-------------------------------|--------------------------|---------------------------------------|-----------------|
| \underline{X} Remove | $\underline{\mathbf{v}}$ | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change | | - | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | · · · · · · · · · · · · · · · · · · · | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5. Cl | | | |
| 5) Change Add | | - | |
| Remove | | | |
| | | | . |
| 6) Change | | | |
| Add | | | |
| D | | | |

| If amending or adding additional Arti Attach additional sheets, if necessary). | (Be specific) | |
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| I an amendment provides for an excha- provisions for implementing the amon | ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself: | |
| (if not applicable, indicate N/A) | addiction to contained in the amendment tistif. | |
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| The date of each amendment(s) add | ption: | , 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 blo document's effective date on the Dep | ock does not meet the applicable statutory filing requirements, this durantent of State's records. | ate will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were adop by the shareholders was/were suff | ted by the shareholders. The number of votes cast for the amendment icient for approval. | (s) |
| ☐ The amendment(s) was/were appro- must be separately provided for e | oved by the shareholders through voting groups. The following statem ach voting group entitled to vote separately on the amendment(s): | खा |
| "The number of votes cast fo | or the amendment(s) was/were sufficient for approval | |
| by | · | |
| | (voting group) | |
| ☐ The amendment(s) was/were adopt action was not required. | ted by the board of directors without shareholder action and sharehold | ег |
| ☐ The ameridment(s) was/were adopt action was not required. | ted by the incorporators without shareholder action and shareholder | |
| Dated // | 4/90 | |
| Signature | ector, 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 coul fiduciary by that fiduciary) | rt |
| D | AYAN JOUVE ROMEU | |
| _ | (Typed or printed name of person signing) | |
| P | resident | |
| | (Title of person signing) | |