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2021 FEB 25 PM 2: 26
SECRETARY OF STATE

A. Butler

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION:	JF HEALTH CO			
DOCUMENT NUME					
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.			
Please return all corres	pondence concerning this m	atter to the following:			
	Т	ERESA TABORDA			
		Name of Contact Perso	on		
		ATPS ACCOUNTING CO	ı		
		Firm/ Company			
	1	12150 SW 128 CT SUITE	202		
		Address			
_	MIAMI, FL 33186				
	City/ State and Zip Code				
	1	TERETABORDA@GMAI	L.COM		
-		sed for future annual report			
For further information TERESA TABO	concerning this matter, plca) 494-1721		
Name of Contact Person		Атеа Со	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made				
☐ \$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		Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

	UF HEALTH CO		FILED	
(Name of Corpor	ation as currently	filed with the file	ide Dept of State	
	F19000073109			
(Doc	cument Number of C	Corporation (if kno	WATARY OF ST ALLAHASSEE,	TATE FI
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this Fl	orida Profit Corpo	pration adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the	e corporation:			
UFM HOME HEALTH CORP	1			The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the ab	nc," or "Co". A p	mpany," or "incorporofessional corpo	porated" or the abboration name must	reviation "Corp."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	<u>lble:</u> [DDRESS])			
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE)	BOX)			
D. If amending the registered agent and/or registered agent and/or the new registered.	stered office addres ed office address:	s in Florida, ente	r the name of the	
Name of New Registered Agent				
	(Florida street	address)	<u> </u>	
New Registered Office Address:			, Florida	
	(C)	iţy)		(Zip Code)
New Registered Agent's Signature, if changing H	Registered Agent:			
I hereby accept the appointment as registered agent	t. I am familiar with	h and accept the o	bligations of the po.	sition.

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, 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.

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)	Title	<u>Na</u>	<u>me</u>		<u>Addres</u> s	
1) Change						
Add						
Remove						
2) Change				<u> </u>		
Add						
Remove 3) Change		_				
Add			-			<u> </u>
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change			<u></u>			
Add						
Remove						

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
-	
an amendment provides for an excha	ange, reclassification, or cancellation of issued shares, dement if not contained in the amendment itself:
(if not applicable, indicate N/A)	untent it not contained in the amendment itself:
	
·	

The date of each amendment	FEBRUARY 22, 2021 (s) adoption:, if other than
date this document was signed	FEBRUARY 22, 2021
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in t document's effective date on the	his block does not meet the applicable statutory filing requirements, this date will not be listed as ne Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.
☐ The amendment(s) was/wern must be separately provided	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
Dated	02/22/2021
Signature	N
sel	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	UBALDO V FERNANDEZ MESA
	(Typed or printed name of person signing)
	PRESIDENT

the

the

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