P21000005418

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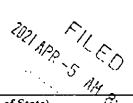
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: AMG Home Heal	theare Services, Inc.	
	IBER: P21000005418		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	Barry Hill		
		Name of Contact Person	n
	AMG Home Healthcare Serv	vices. Inc.	
		Firm/ Company	
	1200 NW 17th Avenue Suite		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Delray Beach, FL 33445		
		City/ State and Zip Cod	e
	bh@amghealthcare.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se catl·	
Barry Hill		at (305	255-1400
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:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 Co	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



to

AMG Home Healthcare Services, Inc.

ANTO Home readments services, me.			119
(Name	of Corporation as currently	filed with the Florida Dept. of Sta	
P21000005418			93.
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this Fi	orida Profit Corporation adopts th	e following amendment(
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". A		
B. Enter new principal office address,			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
). If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name of th	<u>1e</u>
Name of New Registered Agent			
	1200 NW 17th Avenue Suite	: 13	
	(Florida stree	t address)	
New Registered Office Address:	Delray Beach	, Florid	33445 fa
	(()	ity)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: tered agent. I am familiar wit	th and accept the oblivations of the	position.
, , , , , , , , , , , , , , , , , , , ,	<u>.</u>	7	
			
	Signature of New Reg	istered 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)

Example:

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>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) X Change	P	Barry Hill	1200 NW 17th Avenue Suite 13
Add			Delray Beach, FL 33445
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. <u>II amendin</u> (Attach <i>add</i> i	g or adding additional itional sheets, if necessar	Articles, enter cha y). (Be specific)	mge(s) nere;			
(Attach ada)	тоны месь, у несезян	y, in specific)				
						
					<u> </u>	
		 				
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	10	<u> </u>				-
If an amen	dment provides for an	exchange, reclassi	fication, or cand	<u>rellation of issued</u>	shares,	
provisions	s for implementing the applicable, indicate N/A	<u>amendment it not</u> 1	contained in the	e amendment itse	<u>lf:</u>	
	approcesse, marcure 1971	,				
/A 						
				.577.		
	<u> </u>					
		<u> </u>		-		
	– .					<u> </u>
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The date of each amendment(s)	adoption:	, it other than the
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 document's effective date on the	s block does not meet the applicable statutory filing requirement Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	ndopted by the shareholders. The number of votes cast for the ames sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
03/31/20 Dated	D21	
Signature	Samp	
setec	director president or other officer - if directors or officers have ted, by in incorporator - if in the hands of a receiver, trustee, or ointed fiductary by that fiduciary)	
аррс	• •	
	Barry Hill	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	