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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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TO 14 - TEL AUG 1 1 2021 10:01

COVER LETTER

TO: Amendment Section Division of Corporations

Experience to Section

NAME OF CORPOR	RATION: MOTHER MARIA	HOME HEALTH CARE	INC.
	BER: P21000038822		
The enclosed Articles	of Amendment and fee are sul	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	ALVARO MCLEAN		
		Name of Contact Persor	1
	HEADSTART TAX AND FI	NANCIAL SOLUTIONS I	NC
		Firm/ Company	
	6151 MIRAMAR PARKWA	Y SUITE 216	
		Address	
	MIRAMAR, FL 33023		
		City/ State and Zip Code	2
	ALVARO@HSFINANCIAL	SOL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
Use flether informatic	on concerning this matter, pleas	se call:	
ror juttier informatic	M concerning this matter, pread		
ALVARO MCLEAN		at (
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)
An Div P.C	illing Address tendment Section rision of Corporations b. Box 6327 lahassee, FL 32314	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303



August 18, 2021

ALVARO MCLEAN 6151 MIRAMAR PKWY STE 216 MIRAMAR, FL 33023

SUBJECT: MOTHER MARIA HOME HEALTH CARE INC

Ref. Number: P21000038822

We have received your document for MOTHER MARIA HOME HEALTH CARE INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, 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 court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 021A00019774

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of

to

MOTHER MARIA HOME HEALTH CARE INC

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

MOTHER MARIA HUME HEALTH CARE INC.		<u> </u>	7
(Name of Corporation as cur	rently filed with the Flo	rida Dept, of State)	
P21000038822			
(Document Num	ber of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this <i>Florida Profit Corp</i>	oration adopts the follo	owing amendment(s
A. If amending name, enter the new name of the corporatio	<u>in:</u>		
			The new
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp." "Inc." or "Co "chartered," "professional association." or the abbreviation "	o". A professional corp	porated" or the abbre oration name must co	viation "Corp.,"
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 new registered agent and/or the new registered office ad	e address in Florida, ent Idress:	er the name of the	<u> </u>
Name of New Registered Agent			
(Flor	ida street address)		
V D Comme LOGam Address		, Florida	
New Registered Office Address:	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registered & I hereby accept the appointment as registered agent. I am fam	Agent: iliar with and accept the	obligations of the posit	tion.
			
Signature of \(\)	New Registered Agent, if c	rhanging	
Check if applicable			

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 <math>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	<u>Title</u>	Name	<u>Addres</u> s
(Check One) 1) Change	VP	IANINA NEBOZHENKO	18671 COLLINS AVENUE
_			APT 1701
Add X Remove			SUNNY ISLES BEACH, FL 3316
2) Change	VP	RICHARD ERON BLAHA	1520 N.W 100TH WAY
X Add			PLANTATION, FL 33322-5026
Remove 3) Change			
Add			
Remove			
4) Change			
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Remove			
5) Change	 		
Add			
Remove			
6) Change			
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Attach addition	adding additional A al sheets, if necessary	v). (Be specific)			
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f an amendm	ent provides for an e	vchange, reclas	sification, or c	ancellation o <u>f is</u>	sued shares,	
nravisians for	implementing the a	mendment if no	t contained in	the amendmen	t itse <u>lf:</u>	
(if not an	olicable, indicate N/A)			-	
(9 901 4)4	, , , , , , , , , , , , , , , , , , , ,	,				
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The date of each amendment(s) adoption: O7/22/2021	• , • • • • •	07/22/2021	10 1 1 1
Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes east for the amendment(s) was/were sufficient for approval by (voting group) Dated (By a director, 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 court appointed fiduciary by that fiduciary)		amenament(s) adoption:	if other than the
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval by	date this docume		
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Signature And FRENCE (By a director, 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 court appointed fiduciary by that fiduciary)	☐ The amendmenust he sepa	nent(s) was/were approved by the shareholders through voting groups. The following statement arately provided for each voting group entitled to vote separately on the amendment(s):	
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Signature ATA TEXTING (By a director, 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 court appointed fiduciary by that fiduciary)	•:	(voting group)	
Signature ATA TEXTING (By a director, 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 court appointed fiduciary by that fiduciary)		07/22/2021	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)		Dated	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)		Dans de la Servición	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)		Signature (By a director president or other officer – if directors or officers have not been	-
appointed fiduciary by that fiduciary)		selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
AMPARO DIERKING			
		AMPARO DIERKING	
(Typed or printed name of person signing)		(Typed or printed name of person signing)	
(Title of person signing)		PRESIDE~1	
(Title of person signing)		(Title of person signing)	- <u></u>