

P210000 38822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

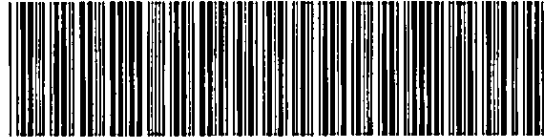
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/04/21--01008--009 **35.00

2021-08-04

AUG 11 2021

10/01/2021 10:00:00

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MOTHER MARIA HOME HEALTH CARE INC.

DOCUMENT NUMBER: P21000038822

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALVARO MCLEAN

Name of Contact Person

HEADSTART TAX AND FINANCIAL SOLUTIONS INC

Firm/ Company

6151 MIRAMAR PARKWAY SUITE 216

Address

MIRAMAR, FL 33023

City/ State and Zip Code

ALVARO@HSFINANCIALSOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALVARO MCLEAN

Name of Contact Person

at (954)

699-0305

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 AUG 30 PM 2:42

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.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 021A00019774

MOTHER MARIA HOME HEALTH CARE INC.

P21000038822

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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 Add SV Sally Smith

Address

 Remove

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

07/22/2021

The date of each amendment(s) adoption: _____ if other than the date this document was signed.

07/22/2021

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 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 _____
(voting group)"

07/22/2021

Dated _____

Signature AMPARO DIERKING

(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)

AMPARO DIERKING

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)