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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: VERA HOME HE	ALTH CARE INC				
DOCUMENT NUMB	P21000044215					
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	GUILLERMO CASTILLA					
•		Name of Contact Person	1			
	PREMIER ADVISORY GROUP INC					
-	Firm/ Company					
	8300 W FLAGLER STREET	r SUITE 254-E				
•		Address				
	MIAMI, FL 33144					
•		City/ State and Zip Cod	e			
	G.CASTILLA@PREMIERA	.DVISORYGROUP.US				
-	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call: at (305	370-9567			
Name o	f Contact Person	at (Area Co	de & Daytime Telephone Number			
	the following amount made					
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 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				

Articles of Amendment to Articles of Incorporation of

VERA HOME HEALTH CARE INC.

(Name o	of Corporation as currently	filed with the Florida D	Dept. of State)	
P21000044215				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006. Florida Statutes, this I	Florida Profit Corporation	n adopts the following ame	ndment(s) to
A. If amending name, enter the new n	ame of the corporation:			
N/A			The	new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain "chartered," "professional association,"	Corp." "Inc." or "Co". A			orp.," word
B. Enter new principal office address,		631 E 53RD ST	CRE	
(Principal office address MUST BE A STREET ADDRESS)		HIALEAH, FL	AH.	
		33013	SSE	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			TO TATE	3: 03
				_
D. If amending the registered agent an new registered agent and/or the new			name of the	
	GUILLERMO CASTILLA			
Name of New Registered Agent	8300 W FLAGLER STREE	ET SUITE 254-E		
	(Florida stre			
New Registered Office Address:	MIAMI		. Florida 33144	
New Negaterea cyfice riad egg.	-	City)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agents			
I hereby accept the appointment as regist	ered agent. I am fantiliar	ith and accept the obligat	ions of the position.	
	18/1		· ·	
	Signature of New Re	gistered Agent, if changin	NK .	
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>	<u>John Do</u>	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_	<u> </u>	
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)			
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	<u> </u>			
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an amendment provides for an excha	inge, reclassification	n, or cancellation	of issued shares,	
provisions for implementing the amen	dment if not contai	ned in the ameno	<u>lment itself:</u>	
(if not applicable, indicate N/A)				
		<u></u>		·
· · · -	<u> </u>			
		_		
				<u> </u>

The date of each amendment(s) a	loption;	, 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 be document's effective date on the De	lock does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without si	nareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were se	opted by the shareholders. The number of votes east for the flicient for approval.	ne amendment(s)
☐ The amendment(s) was/were approvided for must be separately provided for	proved by the shareholders through voting groups. The for each voting group entitled to vote separately on the amer	llowing statement adment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
07/20/202		
Dated		
Signature	1779	
(By a d selecte	irector, president or other officer – if directors or officers d, by an incorporator – if in the hands of a receiver, truste ted fiduciary by that fiduciary)	have not been e. or other court
	GUILLERMO CASTILLA	
	(Typed or printed name of person signing)	
	INCORPORATOR AND REGISTERED AGENT	
	(Title of person signing)	

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