# P22000073891

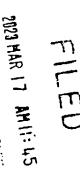
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NAME:

CURAE HOME HEALTH AGENCY BROWARD INC.

TYPE OF FILING: AMENDMENT

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### COVER LETTER

TO: Amendment Section

**Division of Corporations** NAME OF CORPORATION: CURAE HOME HEALTH AGENCY BROWARD INC. DOCUMENT NUMBER: P22000073891 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LEN JOHNSON Name of Contact Person JOHNSON & ASSOCIATES Firm/ Company 3600 S STATE RD 7, STE 38 Address MIRAMAR, FL 33023 City/ State and Zip Code lmj@accountant.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 ) 318-1007
Area Code & Daytime Telephone Number LEN JOHNSON Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### Articles of Amendment to Articles of Incorporation of

## FILED

2023 MAR 17 AM 11: 45

CURAE HOME HEALTH AGENCY BROWARD INC.

(Name of Cornoration as current	tly filed with the Florida Dept. of State) ARY OF STATE
P22000073891	WE SHASSER FLORING
(Document Number)	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	·
A. If amending name, enter the new name of the corporation:	
N/A	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 "P.A.	"company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	-
D. If amonding the registered agent and/on registered office add	June in Plenide and the many of the
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent N/A	
Name of New Registered Agent	
Whatitle of	reet address)
	rect auaress)
New Registered Office Address;	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am jamiliar	<u>t:</u> with and accept the obligations of the position.
Virgations of Vin. E	Registered Agent, if changing
Signature of New K	registerea Agent, ij 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)

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	LEVROS, NANCY	7777 DAVIE ROAD EXTENSION
Add			SUITE 302A-3
X Remove			DAVIE, FL 33024
2) Change			
Add			
Remove 3 ) Change			
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add			
Romavo			

ttach additional sheets, if nee	ional Articles, enter change(s cessary). (Be specific)			
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			<del></del>	
f an amendment provides fo	or an exchange, reclassification	on, or cancellation of is	sued shares,	
provisions for implementing	g the amendment if not conta	ined in the amendment	<u>t itself:</u>	
(if not applicable, indicate	te N/A)			
1				
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•	03/16/2023		
The date of each amendment(s) date this document was signed.			, if other than the
	/20/2023		
Effective date <u>if applicable</u> :	(no more than	90 days after amendment file date)	<del></del> -
Note:. If the date inserted in this document's effective date on the I	block does not meet the appl Department of State's records.	licable statutory filing requirements, this date v	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were as action was not required.	dopted by the incorporators, or	r board of directors without shareholder action a	ınd shareholder
The amendment(s) was/were ac by the shareholders was/were	dopted by the shareholders. The sufficient for approval.	he number of votes cast for the amendment(s)	
☐ The amendment(s) was/were ap must be separately provided for	pproved by the shareholders the or each voting group entitled to	rough voting groups. The following statement ovote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/we	ere sufficient for approval	
by N/A		,,	
	(voting group)	<del></del>	
03/16/202	23		
Dated		<u></u>	
Signature	Lynder Mr	le tellers	
selecte	director, president or other offi ed, by an incorporator – if in th nted fiduciary by that fiduciary	icer if directors or officers have not been he hands of a receiver, trustee, or other court ()	
	SYNDIE METELLUS		
	(Typed or printed	name of person signing)	<del></del>
	PRESIDENT		
	(Title of person si	gning)	