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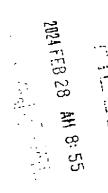
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## FLORIDA FILING & SEARCH SERVICES, INC.

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DATE: 02/28/2024

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**

TQ: Amendment Section
Division of Corporations

NAME OF CORPO	PRATION: CURAE HOME	HEALTH AGENCY BROV	WARD INC.
DOCUMENT NUM	IBER: P22000073891		
	s of Amendment and fee are s	ubmitted for filing.	
Please return all corre	espondence concerning this m	atter to the following:	
	LEN JOHNSON		
		Name of Contact Perso	in
	JOHNSON & ASSOCIATE		
		<u> </u>	
	3600 S STATE RD 7, SUIT	Firm/ Company E 38	
		Address	
	MIRAMAR, FL 33023		
		City/ State and Zip Cod	e
	Lmj@accountant.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
LEN JOHNSON		at (	_) 318-1007
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep.	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)
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 J. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

CURAE HOME HEALTH AGENCY BROWARD INC. (Name of Corporation as currently filed with the Florida Dept. of State) P22000073891 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. N/A

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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>	<u>John Doe</u>				
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title		<u>Name</u>	Address		
1) Change	S	_	JEAN BAPTIST, JUNIE	6096 ADRIATIC WAY		
Add Remove				GREENACRE, FL 33413		
2) Change		_				
Add				-		
Remove Change						
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change		<b></b>				
Add						
Remove						
6) Change		<u></u>				
Add			·			
Remove						

(Attach additional sheets, if necessary).	(Be specific)			
N/A				
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If an amendment provides for an exchan	pe, reclassification	or cancellation of	Financial at a second	
provisions for implementing the amend	ment if not contain	ned in the amendm	ent itself:	
(y not applicable, inalcate N/A)				
ETELLUS, SYNDIE - 85% SHAREHOLD	ER			
ERMAIN, MARIE J - 15% SHAREHOLDE	R			
			···	

The d	ate of each amendment(s) adoption:, if other than
. crate t	his document was signed.
Effec	tive date if applicable:
	(no more than 90 days after amendment file date)
Note: docum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
Adop	tion of Amendment(s) (CHECK ONE)
□ Th act	e amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder ion was not required.
■ The	e amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) the shareholders was/were sufficient for approval.
□ The	e amendment(s) was/were approved by the shareholders through voting groups. The following statement st 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
	N/A
	by (voting group)
	Dated 2 / 25/2024  Signature
	(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)
	METELLUS, SYNDIE
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

the

the