P22000083682

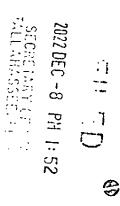
(Re	equestor's Name	e)
(Ad	idress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL MAIL
(Bu	siness Entity Na	ame)
(Do	ocument Numbe	r)
Certified Copies	_ Certificate	es of Status
Special Instructions to	_	
		J. HORNE
		J. HORNE MAR - 1 2023
Į		





100398134481

12/08/22--01007--027 **35.00



COVER LETTER •

TO: Amendment Section Division of Corporations

NAME OF CO	ORPORATION: HEALTH CA	ARE HOME HEALTH CORP	
	NUMBER: P22000083682		
The enclosed a	Articles of Amendment and fee :	are submitted for filing.	
Please return a	ll correspondence concerning th	is matter to the following:	
	MARIELA FERRER R	OMERO	
		Name of Contact Person	
	HEALTH CARE HOM	IE HEALTH CORP	
		Firm/ Company	-
	5251 SW 90 WAY AP	• •	
		Address	
	COOPER CITY, FL 33	328	
		City/ State and Zip Code	
	rachelmariela1990@gn	nail.com	
	E-mail address: (to	be used for future annual report notification)	
	ormation concerning this matter.	at (954 937-5508	
<u> </u>	Name of Contact Person	at () Area Code & Daytime To	elephone Number
Enclosed is a c		made payable to the Florida Department of State:	Tephone (Minute)
■ \$35 Filing	Fee □\$43.75 Filing Fe Certificate of Sta		of Status ppy Copy
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporation The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 32303	issee

Articles of Amendment to Articles of Incorporation of



HEALTH CARE HOME HEALTH CORP

(Name of Corporati	tion as currently filed with the Florida Dept. of State)
P22000083682	
(Docum	ment Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	corporation:
****	The new
	corporation," "company," or "incorporated" or the abbreviation "Corp.," ," or "Co". A professional corporation name must contain the word eviation "P,A."
B. Enter new principal office address, if applicable	le:
(Principal office address <u>MUST BE A STREET ADI</u>	<u>DRESS</u>)
	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>
D. If amonding the registered agent and/or register	ered office address in Florida, enter the name of the
new registered agent and/or the new registered	t office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
Name Danistana di Assanti, Siantana di Sia	Maria Maria di
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the position.
	f V = 0 - i.e. of 4 and 3 days in
Signa	nature of New Registered Ayent, if 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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u> </u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	MARIELA FERRER ROMERO	5251 SW 90 WAY APT. 3
Add			COOPER CITY, FL 33328
X Remove			
2) Change	P	RACHEL ALONSO	4321 SW 121ST LN.
X Add			MIRAMAR, FL 33025
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additiona	adding additional Art ul sheets, if necessary).	(Be specific)	 -		
·					
					•
	·				
 .					
	·				
					
_					
nrovisions for i	nt provides for an exc implementing the am	<u>hange, reclassifica</u> endment if not cot	tion, or cancellat	<u>ion of issued shai</u> endment itself:	res,
(if not appli	icable, indicate N/A)	the more than	Trained in the diff.	endirent user.	
					
			·		
					<u> </u>

.

	12/02/2022	
The date of each amendment(s) at date this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendmer	t file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing repartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east fficient for approval.	for the amendment(s)
	roved by the shareholders through voting groups. To each voting group entitled to vote separately on the	
	for the amendment(s) was/were sufficient for approv	al
by	(voting group)	
	(voting group)	
12/02/20 2 Dated Signature		
selecter	vetor, president or other officer – if directors or offi by an incorporator – if in the hands of a receiver, t ed fiduciary by that fiduciary)	
	RACHEL ALONSO	
	(Typed or printed name of person signing	()
	PRESIDENT	
	(Title of person signing)	