Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000322664 3)))



H230003226643A5C

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

_			
г	$\sim$	٠	
	u		

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973

Fax Number

: (305)675-5944

2073 SEP

**Enter	the	email.	acdress	for	this	busin	ess	entity	to	be	used	for	future
an	nual	report	: mailin	gs.	Enter	only	one	email	add	res	s ple	ase.	**

Email	Address:		

## COR AMND/RESTATE/CORRECT OR O/D RESIGN HEALTH CARE HOME HEALTH CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



## Articles of Amendment to Articles of Incorporation

222000083682	AS CUFFERILY filed with the	Florida Dura (City)
220000530 <b>6</b> 2	as currently filed with the	Florida Dept. of State)
(Document	t Number of Corporation (if	known)
rsuant to the provisions of section 607.1006, Florida St Articles of Incorporation:	atutes, this <i>Florida Profit C</i>	orporation adopts the following amendment(s)
If amending name, enter the new name of the corpo	oration:	
		<del>~</del>
me must be distinguishable and contain the word "corpo nc.," or Co.," or the designation "Corp," "Inc," or hartered." "professional association," or the abbreviat		neorporated or the abbreviation Grp., The new proporation name must contain the Gord.
Enter new principal office address, if applicable:		
rincipal office address <u>MUST BE A STREET ADDRE</u>	<u>(SS</u> )	(n) I
		38
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
If amending the registered agent and/or registered of	office address in Florida, ei	nter the name of the
new registered agent and/or the new registered offic	e address:	
Name of New Registered Agent		
	<u> </u>	
	Florida street address)	
New Registered Office Address:		
New Registered Office Maariess:	(Cip)	, Florida(Zip Code;
	,0.00	(Lip Coae)
v Registered Agent's Signature, if changing Register	ed Agent:	
reby accept the appointment as registered agent. I um	familiar with and accept the	e abligations of the position.
Signature	of New Registered Agent, if	·

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:

3052201440

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 heid. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Iones 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 Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	_ <u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	V.P.	NILEBY PEREZ NEGRIN	9052 NW 145TH TERR 🔑
X Add		<del>,</del>	MIAMI LAKES, FL 33018
Remove			D and
2) Change		<del>-</del>	and the second s
Add			SEE IN
Remove 3) Change			PH 12: 38
Add			
Remove			
4) Change			-
Add			
Remove		· :	
5) Change		_	
Add			
Remove			
δ) Change			
Add			
Remove			

E. <u>If amending or adding adding adding additional sheets, if</u>	v. 1 <del>y</del> y	·					
		<del></del>					
<del></del>			·····				
<u></u>	· <del></del>					_	
	<del></del>					_	
				···			
					· · ·	1267 1267	
	·					~	25
	<del></del>	······			<u> </u>	\$E	
					تجرياً ا		Ĩ
					F. 1.	· م	,
					ŒΞ.	PH	
				· · · · · · · · · · · · · · · · · · ·	<u> </u>	· 25	
			<del></del>		71.55	PH 12: 38	
			·			. <b>-</b>	
		**					
If an amendment provides for provisions for implementies (if not applicable, indicate)	i lue amendinenti il not	fication, or cancel contained in the s	lation of issued shi mendment itself:	ires,			
TO CARROON INTERPREDICATION	i lue amendinenti il not	fication, or cancel contained in the s	mendment itself:				
to oversions for implementing	tie NA)	contained in the i	mendment itself:	Ares.			
to oversions for implementing	i lue amendinenti il not	fication, or cancel contained in the s	mendment itself:				
to oversions for implementing	tie NA)	contained in the i	mendment itself:				
to oversions for implementing	tie NA)	contained in the i	mendment itself:				
to oversions for implementing	tie NA)	contained in the i	mendment itself:				
to oversions for implementing	tie NA)	contained in the i	mendment itself:				
to oversions for implementing	tie NA)	contained in the i	mendment itself:				
to oversions for implementing	tie NA)	contained in the i	mendment itself:				
to oversions for implementing	tie NA)	contained in the i	mendment itself:				
to oversions for implementing	tie NA)	contained in the i	mendment itself:				
to oversions for implementing	tie NA)	contained in the i	mendment itself:				
12) Original for Hill Define In the	tie NA)	contained in the i	mendment itself:				
12) Original for Hill Define In the	tie NA)	contained in the s	mendment itself:				
TO CALCADA IOU TRIDICALION	tie NA)	contained in the i	mendment itself:				
If an Amendment provides for provisions for implementing (if not applicable, indicated)	tie NA)	contained in the s	mendment itself:				

The date of each amendment(s) a	-06/23/2023 doption:	
date this document was signed.	doption:	, if other than the
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 Di	lock does not meet the applicable statutory filing requirements, this date with partment of State's records.	II not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	epartment of State's records.  (CHECK ONE)  spled by the incorporators, or board of directors without shareholder action and spled by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	d shareholder
The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes east for the amendment(s) efficient for approval.	89 T
The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	P 13 PH 12: 30
	for the amendment(s) was/were sufficient for approval	Fig. 7.
by	(voiling group)	PA
selec <del>ite</del>	Acctor, president or other officer - if directors or officers have not been the discontinuous discon	_
	RACHEL ALONSO FERRER	
:	(Typed or printed name of person signing)	
	OWNER	
•	(Title of person signing)	