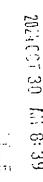
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(City/State/Zip/Phone #)				
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COVÉR LETTER

TO: Amendment Section Division of Corporations

4

NAME OF CORPORATION	ON: USA HOME H	EALTH CARE CORPO	DRATION		
DOCUMENT NUMBER:	P22000090707				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	MARGARETTE ESTIME				
	Name of Contact Person				
	Firm/ Company				
	823 NW 119TH STF	REET			
		Address			
	NORTH MIAMI, FL 33168				
		City/ State and Zip Cod	de		
	info@usahomehealthcare.org				
	E-mail address: (to be used for future annual report notification)				
For further information cond	eerning this matter, pleas	se call:			
Monica Olarte		at (954	, 687-8003		
Name of Cor	ntact Person		ode & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
X \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐\$43.75 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 Taliahassee, FL 32314		Amen Divisi The C 2415	dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		

Articles of Amendment to Articles of Incorporation of

USA HOME HEALTH CARE CORPORATION

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name of Corporati	ion as currently filed with the	Florida Dept. of State)
P22000090707		****** 69 M. 8: 39
	ment Number of Corporation (f known)
ursuant to the provisions of section 607.1006, Florid s Articles of Incorporation:	a Statutes, this Florida Profit	Corporation adopts the following amendment(
a rations of incorporation.		
. If amending name, enter the new name of the c	orporation:	
		The new
ame must be distinguishable and contain the word "c 'Inc.," or Co.," or the designation "Corp," "Inc, 'chartered," "professional association," or the abbro	" or "Co". A professional	incorporated" or the abbreviation "Corp.,"
. Enter new principal office address, if applicable	e:	
Principal office address <u>MUST BE A STREET AD</u>		
	_	
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>	
). If amending the registered agent and/or registe	red office address in Florida.	enter the name of the
new registered agent and/or the new registered		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
New Negatered Office Madress.	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Reg	gistered Agent:	
hereby accept the appointment as registered agent,	I am familiar with and accept	the obligations of the position.
Sign	ature of New Registered Agent	, if changing
Check if applicable		

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 Doc</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	S	RICHARD N EUSTACHE	823 NW 119TH STREET
Add			NORTH MIAMI, FL 33168
X Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pomove			

	ts, if necessary).	cles, enter change (Be specific)				
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an amendment prov	ides for an exch	ange, reclassifica	tion, or cancellat	ion of issued sha	ares,	
	nenting the amer	ndment if not con	tained in the am	endment itself:		
rovisions for implen						
rovisions for implen (if not applicable,	indicate N/A)					
rovisions for implen	indicate N/A)					
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The date of each amendment(s) ad date this document was signed.	doption:	, if other than the
Ž.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file da	nie)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirem partment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
X: The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shar	eholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the efficient for approval.	amendment(s)
	roved by the shareholders through voting groups. The follo each voting group entitled to vote separately on the amenda	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
bv	."	
•	(voting group)	
Dated10/11/2 Signature	andith	
	rector, president or other officer - if directors or officers ha	
	I, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	or other court
	Margarette Estime	
	(Typed or printed name of person signing)	
	President / Owner	
	(Title of person signing)	