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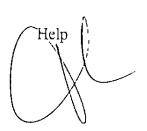
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COR AMND/RESTATE/CORRECT OR O/D RESIGN LIBERTY HOME HEALTH CARE CORP

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Corporate Filing Menu



Articles of Amendment to Articles of Incorporation of

LIBERTY HOME HEALTH CARE CO				
	of Corporation as currently	filed with the Florida Dept. of	(State)	
P23000084094				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	Iorida Profit Corporation adopt	ts the following am	endment(s) to
A. If amending name, enter the new p	ame of the corporation;			
name must be distinguishable and contai "Inc.," or Co.," or the designation " "chartered," "professional association,	Corp," "Inc," or "Co". A	ompany," or "incorporated" or t professional corporation name	he abbreviation "C	new Torp.," word
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if appl (Malling address MAY BE A POST	<u>icable:</u> OFFICE BOX)		S AC AC A	20\$4 SEP
D. If amending the registered agent as new registered agent and/or the ne	nd/or registered office addre w registered office address;	ss in Florida, enter the name o	of the SE	
Name of New Registered Agent	TANIA L. HERNANDEZ		m≝ m∾	9: 30
	704 GOODLETTE-FRANK	RD N STE 216	7 7	30
	(Florida stres	:t address)		
New Registered Office Address:	NAPLES	Fle	orida 34102	
	(0	Clay)	(Zip Code)	
New Registered Agent's Signature, if call hereby accept the appointment as registed. Tama heritander: Se	ered agent. I am familiar wi	th and accept the obligations of states of the control of the cont	the position.	
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>Jol</u>	hn Doc	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check Onc)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	YANARDO HERNANDEZ	704 GOODLETTE-FRANK RD N
Add			STE 216
X Remove			NAPLES, FL 34102
2) X Change	<u>P</u>	TANIA L. HERNANDEZ	704 GOODLETTE-FRANK RD N
Add			STE 216
Remove 3) Change			NAPLES, FL 34102 - 5 - 70 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -
Add			AT P
Remove			NS STATE OF THE PARTY OF THE PA
4) Change			, m _o , 9
Add			30 FL
Remove			
5) Change			
Add			
Remove			
6) Change			·
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)		
			
			
			—
			
			
	1813		
		ن.	20
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	±;€	72
(if not applicable, indicate N/A)	issuent is not contained in the amenament tacif.	=;	2024 SEP 1
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The date of each amendment(s) add date this document was signed.	ption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Department's	ck does not meet the applicable statutory filing requirements, this date will not be listed as the rement of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
	ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):
	the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
09/09/2024 Dated	
Signature	
selected,	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
'n	ANIA L. HERNANDEZ
_	(Typed or printed name of person signing)
V	
	(Title of person signing) SECRETARY OF TALLAHASSE