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TALL TO STATE TO SHUA

DEC 10 2013 T. CARTER

#### **COVER LETTER**

TO: Amendment Section Division of Corporations HOME HEALTH CARE INC NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company 10 Ave HIALEAH, FLORIOA 33010
City/State and Zip Code E-mail address: (to be used for future annyal report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

#### **Mailing Address**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

is enclosed)

### FILED SECRETARY OF STATE TALLAPASSEE FLORIDA

## Articles of Amendment to

Articles of Incorporation of

13 DEC -4 PH 2: 54

BLM HOME HEALTH	+ CARE INC
(Name of Corporation as currently filed with the Flor	rida Dept. of State)
P9400002571	5
(Document Number of Corporation (if k	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	forida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword" chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	B25 EAST 10 AVE HILLEAH, FL 33010
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	825 EAST 10 AVE HIALEAH . FL 33010
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address: (City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New Registered Ago	ent, if changing

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 <math>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:	, and Sall	y Smith, S	SV as an Add.			
X Change	<u>PT</u>	John Doe				
X Remove	<u>V</u>	Mike Joi	nes			
X Add	<u>sv</u>	Sally Sm	n <u>ith</u>			
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s		
1) Change	<del> </del>	-				
Add Remove						
2) Change		_				
Add						
Remove						
3) Change	-	_				
Add						
Remove						
4) Change		<del>-</del>				
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Remove			•			
5) Change		_				
Add						
Remove						
6) Change		_				
Add						
Remove						

	icles, enter change(s) here: (Be specific)
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	barrer realization of insured aboves
If an amendment provides for an excl	nange, reclassification, or cancellation of issued snares,
provisions for implementing the ame	endment if not contained in the amendment itself:
If an amendment provides for an exchange provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopty the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
The amendment(s) was/were appropriate the separately provided for a	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adoption was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoption was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	-29-2013	
Signature		
(By a di selected	rector, 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	
appointe	ed fiduciary by that fiduciary)	
	Pedro E Perez	
_	(Typed or printed name of person signing)	
	President	

(Title of person signing)