P9500027144

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2018 JUN 18 PH 3: 01
SECRETARY OF STATE

C. GOLDEN
JUN 2 0 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PROFESSIONAL	HOME CARE III, INC	
DOCUMENT NUMB			
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
		YANELIS PEREZ	
_		Name of Contact Person	1
	PR	ROFESSIONAL HOME CA	ARE III, INC
-		Firm/ Company	
		447 E 26 STREET	
-		Address	
		HIALEAH, FL 330	13
_		City/ State and Zip Cod	e
	YANI	ELIS PICHARDO@HOTN	MAIL.COM
		sed for future annual report	
For further information	concerning this matter, pleas	se call:	
\$7.4.\$112	tic bedea	707	122 (250
	LIS PEREZ	at () 423-6759
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address	Street	Address
	idment Section		ment Section
	ion of Corporations		on of Corporations
	Box 6327		Building

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PROFESSIONAL HOME CARE III, INC

FILED

2018 JUN 18 PM 3: 01 (Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE P95000027144 TALLAHASSEE FLORIDA (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: . Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, 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 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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	P	TIHANY SALAS	447 E 26 STREET
Add			HIALEAH, FL 33013
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			
Remove			

	lditional sheets, if nec	essary). (Be speci	jic)			
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fan ame	endment provides for	r an exchange, recla	assification, or ca	ncellation of issue	ed shares,	
	ns for implementing	the amendment if i	<u>not contained in t</u>	<u>he amendment its</u>	self:	
<u>provisio</u>	ot applicable, indicate	e 14721)				
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<u>provisio</u> (<i>if`n</i>						
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• • • • •	01/20/2009	
The date of each amendment(s) addate this document was signed.	loption:	, if other than the
_	•	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
, , ,	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendm fficient for approval.	nent(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
*	(voting group)	
action was not required. The amendment(s) was/were add	opted by the board of directors without shareholder action and shareholder by the incorporators without shareholder action and shareholder	
action was not required.		
	Hah	
(By a d selecte	irector, president or other officer – if diffetors or officers have not be do not incorporator – if in the hands of a receiver, trustee, or other ted fiduciary by that fiduciary)	
	YANELIS PEREZ	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	PRESIDENT	
	(Title of person signing)	