## P96000018265

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: RENACES	R HOME HEALTH CARE, INC
DOCUMENT NUMBER:	P96000078265
The enclosed Articles of Amendment and fe	ee are submitted for tiling.
Please return all correspondence concerning	this matter to the following:
ELIZABETH SUAR	EZ
	Name of Contact Person
RENACER HOME I	HEALTH CARE INC
<del></del>	Firm/ Company
14750 NW 77 CT SU	ЛТЕ 108
	Address
MIAMI LAKES, FL	33016
	City/ State and Zip Code
rhhc@bellsouth.net	
E-mail address: (	(to be used for future annual report notification)
For further information concerning this matte	er please call:
To tartiet internation concerning this mate	er, preuse can.
ELIZABETH SUAREZ	at ( 305 ) 817-1800 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amoun	t made payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of S	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, Ft. 32301

## Articles of Amendment

to

## Articles of Incorporation

of

RENACER HOME HEALTH CARE, INC.

P96000078265		<u> </u>
(Doc	ment Number of Corporation (if know	n)
Pursuant to the provisions of section 607,1006. Flor its Articles of Incorporation:	da Statutes, this <i>Florida Profit Corpor</i>	ution adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:	
N/A		The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or the	p," "Inc," or "Co". A professional	'incorporated" or the abbreviation corporation name must contain the
B. Enter new principal office address, if applical	N/A	
(Principal office address MUST BE A STREET AL		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	0X) N/A	五五五
		- <u> </u>
D. If amending the registered agent and/or registered	ered office address in Florida, enter	the name of the
new registered agent and/or the new registere		10 A
Name of New Registered Agent	TH SUAREZ	
7355 Col	stream Dr	
Holorb	(Florida street address)	22015
New Registered Office Address:	(Civ)	. Florida 33015 Zip Coder
	ν <sub>(V</sub>	(z.p Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		<u> </u>

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
1) Change	VP	ELIZABETH SUAREZ	7355 Coldstream DR
X Add			Hialeah, FL 33015
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Romana			

(Attac	nending or adding additional Ar ch additional sheets, if necessary).	(Be specific)	si nere.		
N/A					
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			· <u> </u>	· ·	
. If an	amendment provides for an exc	hange reclassificati	an ar cancellation	of issued chares	
prov	<u>visions for implementing the am</u>	endment if not cont:	ined in the amend	ment itself:	
	(if not applicable, indicate N/A)				
I/A					
		<del></del> ·			
					<del></del>

The date of each amendment	AUGUST 10, 2017	, if other than the
date this document was signed.		, ii conce court inc
Property and the second and the	AUGUST 10, 2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will not Department of State's records.	ot be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendmentts):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	· ·	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
NOVI Dated	EMBER 17, 2017	
Signature	/ was	
	a director, president or other officer - if directors or officers have not been	
sc an	lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	ELIZABETH SUAREZ	
	(Typed or printed name of person signing)	
	VICE-PRESIDENT	
	(Title of person signing)	<del></del>