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C. Coulliette JUL 0 8 2005

COVER LETTER

TO: Amendment Section Division of Corporations

Amendment Section

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

NAME OF COR	RPORATION: HOMECA	REMEDICAL E	BU PMENT &
DOCUMENT N	UMBER:		
The enclosed Art	icles of Amendment and fee ar	re submitted for filing.	
Please return all o	correspondence concerning this	s matter to the following:	
	LEWNY Ke	20625	
	(Name o	of Contact Person)	
_	HM	£ m/ Company)	
<u>-</u>			
	2(18 KOVACE	Epr G.	
		(Address)	
	Lowbwor	op Fe 3277	9
	(City/ Sta	ite/ and Zip Code)	
For further inform	nation concerning this matter, p	please call:	
Lks	vorkasers	at ()	9-3699
(Nan	ne of Contact Person)	(Area Code & Daytime	e Telephone Number)
Enclosed is a chec	ck for the following amount:		
2 \$35 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)
Mailing Address		Street Address	

Amendment Section
Division of Corporations

409 E. Gaines Street

Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

Hombeare Medical Equipment Services
(Name of corporation as currently filed with the Florida Dept. of State)

(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:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation." "company." or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered". "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

PORTION OF THE PROFILE OF T

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption:
Effective date if applicable: Show 5 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signed this 27th day of Time 2005
Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
LENARDE, KORGERS
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

FILING FEE: \$35