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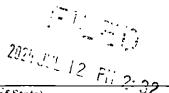
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: HOME SWEET H	OME CARE FACILITY, C	CORP
DOCUMENT NUMB			
	of Amendment and fee are so	bmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
	CANDIDA A SUBIRATS		
		Name of Contact Person	1
		Firm/ Company	
	5341 E 5th Ave		
•		Address	
	Hialeah, FL 33013		
		City/ State and Zip Cod	e
	adrianp1882@yahoo.com		
•	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
CANDIDA A SUBIR	ATS	786	5712135
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation οf



HOME SWEET HOME CARE FACILITY, CORP	12 Fi; 2-22
(Name of Corporation as currently filed with the Florida Dept. of State)	32
P99000081829	_*
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following the Articles of Incorporation:	.ng amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviat "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must conto "chartered," "professional association," or the abbreviation "P.A."	ion "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	
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	
(Cay)	Code)
New Registered Agent's Signature, if changing Registered Agent:	
l 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	<u></u>

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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; CE() = 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) X Change	P	CANDIDA A SUBIRATS	5341 E 5th Ave Hialeah, FL 33013
Add			
Remove			
2) Change	VP	ADRIAN ROCHE	5341 E 5th Ave Hialeah, FL 33013
X Add			
Remove Change			
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)	1 <u>01 1101 0</u> 1		
				-
		<u>.</u>	 -	
	-		 _	
	<u></u>			
			•	
				
				<u> </u>
	-	<u> </u>		- -
. If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A) THE SHAREHOLDERS SINCE JULY 01.	idment if not con	ion, or cancellatio tained in the amer	on of issued shares, adment itself:	
0% CANDIDA A SUBIRATS 50 SHARES	<u> </u>			
0% ADRIAN ROCHE 50 SHARES			 -	
	.			
				

The day of each and a	07/01/2024	
The date of each amendment date this document was signed		, if other than th
rate this document was signed	07/01/2024	
Effective date <u>if applicable</u> :	0110112024	
<u></u> -	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date he Department of State's records.	will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareholder action	and shareholder
The amendment(s) was/wei by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	ſ
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
07/01/	//2024	
Dated		
Signature	and of the second	
(B	by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)	
	CANDIDA A SUBIRATS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	