

V/51813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

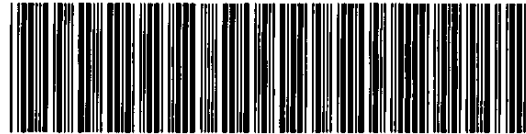
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900113024879

12/17/07--01014--020 **140.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2007 DEC 31 AM 10:18

Rs 1/3/08
Amend

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TENDER CARE HOME HEALTH SERVICES, CORP.

DOCUMENT NUMBER: V51813

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT O. VEGA, CPA

(Name of Contact Person)

ROBERT O. VEGA, CPA, P.A.

(Firm/ Company)

14461 SW 83 STREET

(Address)

MIAMI, FL 33183

(City/ State and Zip Code)

For further information concerning this matter, please call:

ROBERT O. VEGA, CPA

(Name of Contact Person)

at (305) 283-1964

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2007

ROBERT O VEGA, CPA
14461 SW 83RD ST
MIAMI, FL 33183

SUBJECT: TENDER CARE HOME HEALTH SERVICES, CORP.
Ref. Number: V51813

PLEASE
SEE
ATTACHED

We have received your document for TENDER CARE HOME HEALTH SERVICES, CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith
Regulatory Specialist II

Letter Number: 907A00070580

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TENDER CARE HOME HEALTH SERVICES, CORP.

DOCUMENT NUMBER: V51813

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT VEGA, CPA
(Name of Contact Person)

ROBERT VEGA, CPA, P.A.
(Firm/ Company)

14461 SW 83 RD STREET
(Address)

MIAMI, FL 33183
(City/ State and Zip Code)

For further information concerning this matter, please call:

ROBERT VEGA, CPA at (305) 283-1964
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Articles of Amendment
to
Articles of Incorporation
of

2007 DEC 31 AM 10:18

TENDER CARE HOME HEALTH SERVICES, CORP.

(Name of corporation as currently filed with the Florida Dept. of State)

V51813

(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)**

ARTICLE 1 : ADDRESS OF THE CORPORATION

THE NEW ADDRESS OF THE CORPORATION

SHALL BE: 8875 N.W. 23 STREET UNIT A

DORAL, FL 33172

THIS ADDRESS SHALL ALSO BE THE MAILING ADDRESS OF THE CORPORATION

(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)

(continued)

The date of each amendment(s) adoption: DECEMBER 7 , 2007

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ 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.

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)

JORGE RAAD

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

FILING FEE: \$35