163399

(Requestor	s Nama)
(requesion	s name)
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(Address)	
(City/State/	Zip/Phone #)
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(Business E	Entity Name)
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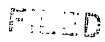
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: National Home Inf	usion, Inc.				
DOCUMENT NUM						
The enclosed Article	es of Amendment and fee are su	bmitted for filing.				
Please return all cor	respondence concerning this ma	tter to the following:				
	Debra L Garner					
		Name of Contact Persor	1			
	National Home Infusion, Inc.					
		Firm/ Company				
	1811 Bayshore Road					
	Address					
	Nokomis, FL 34275					
		City/ State and Zip Code	2			
	dgamer300@aol.com					
	E-mail address: (to be us	sed for future annual report	notification)			
	ion concerning this matter, pleas		222 0242			
Debra L Garner		at (_) 223-9347			
Nam	e 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	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Ai Di P.	ailing Address mendment Section ivision of Corporations O. Box 6327 illahassee, FL 32314	Amend Divisio The Co	Address Iment Section In of Corporations In of Tallahassee I. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



	2022 DEC - 1 AM 7: 38
(Name of Corporation as current	ly filed with the Florida Dept. of State)
763399	TALE RESERVED
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this is Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
Ň/A	The new
ame must be distinguishable and contain the word "corporation," 'Inc.," or Co.," or the designation "Corp," "Inc," or "Co". 'chartered," "professional association," or the abbreviation "P.A.	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	 '
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
 If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres 	
new registered agent and/or the new registered office addres	
<u>Name of New Registered Agent</u> N/A	<u>s:</u>
<u>Name of New Registered Agent</u> N/A	
<u>Name of New Registered Agent</u> N/A	<u>s:</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:

 $P = President; \ V = Vice President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. \ If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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 PT John Doe \mathbf{V} X Remove Mike Jones \underline{X} Add ŞV Sally Smith Type of Action Title Address Name (Check One) STDiane J Hayes 720 W. Albee Road 1) ____ Change Nokomis, FL 34275 ___ Add Remove ST Robert E Hayes 7212 N Mobley Road 2) ____ Change Tampa, FL 33556 Add Remove 3) ____ Change Add Remove 4) ____ Change ____ Add Remove 5) ____ Change ____ Add ____ Remove 6) ____ Change Add Remove

E. If amending or adding a (Attach additional sheets,	if necessary). (Be	enter change(s) h specific)	<u>ere</u> :		
N/A					
	<u> </u>				<u></u>
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,					
F. If an amendment provide provisions for implementations.	ies for an exchange, nting the amendme	reclassification, nt if not containe	or cancellation of d in the amendme	issued shares, int itself:	
(if not applicable, ir	edicate N/A)				
N/A 					
				· · · · · · · · · · · · · · · · · · ·	
					

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N/A	
The date of each amendment(s) adoption:, if other than	n the
date this document was signed.	
N/A Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	s the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted 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 <u>N/A</u>	
(voting group)	
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)	
Debra L Gamer	
(Typed or printed name of person signing)	
President	
(Title of person signing)	