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COVER LETTER

| TO: | Registration Division of C | | | |
|----------|----------------------------|---|---|----------------|
| SUBJE | СТ: | HOME CARE S | TAFFING SOLUTIONS, LLC | |
| | | Name of I | Limited Liability Company | |
| The enc | losed Articles | of Amendment and fee(s) are | e submitted for filing. | |
| Please r | eturn all corres | pondence concerning this ma | atter to the following: | |
| | | | STEVEN LULICH | |
| | | | Name of Person | |
| | | | STEVEN LULICH, P.A. | |
| | | | Firm/Company | |
| | | | 1069 MAIN ST. | |
| | | | Address | |
| | | | SEBASTIAN, FL 32958 | |
| | | | City/State and Zip Code | |
| | | | steve@lulich.com | 5 6 |
| | | | ess: (to be used for future annual report notification) | 夏夏丁 |
| For furt | her information | concerning this matter, plea | ase call: | SSE - |
| | ST | EVEN LULICH | at (772) 589 5500 | 是是而 |
| | Name | e of Person | Area Code & Daytime Telephone Number | PH IS 33 |
| Enclose | d is a check for | the following amount: | | · |
| \$25, | 00 Filing Fee | \$30.00 Filing Fee & Certificate of Statu | Certified Copy Certifica (additional copy is enclosed) Certified | te of Status & |
| | Regis Divis P.O. | LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314 | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOME CARE STAFFING SOLUTIONS

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) MAY 21, 2010 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number ___ L10000054632 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | Name | Address | Type of Action | | | |
|---|---|--|------------------|--|--|--|
| MGRM | AFFINITY FINANCIAL, INC. | 1069 MAIN ST. SEBASTIAN, FL 32958 | Add _√ Remove | | | |
| MGRM | Affinity Financial Group, Inc. | 1069 MAIN ST. SEBASTIAN, FL 32958 | Add Remove | | | |
| | | | Add Remove | | | |
| | | | Add Remove | | | |
| | | | Add Remove | | | |
| | | | Add Remove | | | |
| D. If amendin | g any other information, enter change(s | s) here: (Attach additional sheets, if necessary.) | | | | |
| | | | TO JUN_ | | | |
| Dated | MAY 25, , 2010 | | PIN STATE | | | |
| | Signature of a member or | authorized representative of a member | <u> </u> | | | |
| STEVEN LULICH Typed or printed name of signee | | | | | | |
| ryped or printed name of signee | | | | | | |

Page 2 of 2

Filing Fee: \$25.00