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\_\_\_\_\_  
(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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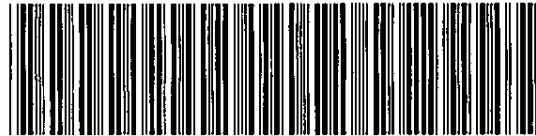
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Giffon

FEB 18 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 010879 7979011

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : February 11, 2014

ORDER TIME : 4:57 PM

ORDER NO. : 010879-010

CUSTOMER NO: 7979011

DOMESTIC AMENDMENT FILING

NAME: SENIOR LIFE SOLUTIONS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY

XX PLAIN STAMPED COPY

       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS: \_\_\_\_\_

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is:  
SENIOR LIFE SOLUTIONS, LLC

**SECOND:** Document to be corrected is:  
Articles of Organization

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The Principal and mailing address was incorrectly listed as: 20749 NW 9th Court, Bldg 4 #105

Miami, FL 33169

The correct Principal and mailing address should be listed as: 3389 Sheridan Street #314

Hollywood, FL 33021

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

- ☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

Date

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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2014 FEB 17 AM 8 49  
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TALLAHASSEE, FLORIDA

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L14000016806  
FILED 8:00 AM  
January 30, 2014  
Sec. Of State  
tcline

**Article I**

The name of the Limited Liability Company is:  
SENIOR LIFE SOLUTIONS, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
20749 NW 9TH COURT  
BUILDING 4 #105  
MIAMI, FL. 33169

The mailing address of the Limited Liability Company is:  
20749 NW 9TH COURT  
BUILDING 4 #105  
MIAMI, FL. 33169

**Article III**

The name and Florida street address of the registered agent is:  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL. 32301

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: DEB REEVES

#### Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
JOHN M LAWRENCE  
3389 SHERIDAN STREET #314  
HOLLYWOOD, FL. 33021

Title: AMBR  
VLADO MELLER  
7 PERIWINKLE DRIVE  
MONMOUTH JUNCTION, NJ. 08852

Title: AMBR  
BRUCE FRESHLEY  
816 B ST ANDREWS BLVD  
CHARLESTON, SC. 29407

L14000016806  
FILED 8:00 AM  
January 30, 2014  
Sec. Of State  
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Signature of member or an authorized representative

Electronic Signature: JOHN M LAWRENCE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.