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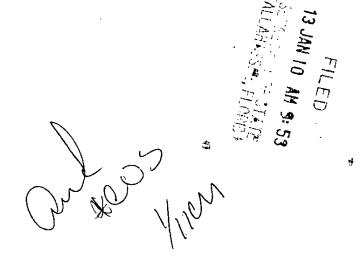
. (Re	questor's Name)	
(Ad	dress)	,
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(Cit	ty/State/Zip/Phone	⊋ #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LOVE	K CARE IN ACTION, INC
NAME OF CORPORATION:	11KC 110 17 C11070, 2700
DOCUMENT NUMBER: N100	000007885
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matter	r to the following:
EMMANUEL	TOUSSAINT
	(Name of Contact Person)
	(Firm/ Company)
1935 NW 134.	ST
	(Address)
MIAMI, P	City/ State and Zip Code)
	(City/ State and Zip Code)
EMMANUELMIRAMA E-mail address: (to be used	R & AOL, COM for future annual report notification)
For further information concerning this matter, please	call:
EMMANUEL TOUSCAIN	T 305 48U-8033
(Name of Contact Person)	at (305) <u>484-8033</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Department of State:
\$35 Filing Fee \$\ \$43.75 Filing Fee & Certificate of Status	
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation of

LOVE & CARE IN	ACTION. INC.	
(Name of Corporation as currently filed with the Flor	rida Dept. of State)	
N100000		
(Document Number of Corporat		
(Botalient Namoer of Corporat	mon (ii known)	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the follow.	owing
A. If amending name, enter the new name of the corporation	-N/A	e new
name must be distinguishable and contain the word "corporati		
"Company" or "Co." may not be used in the name.	, /	
B. Enter new principal office address, if applicable:	N/A	~~4
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		ເນັ
-		JАN
		= -
C. Enter new mailing address, if applicable:	A //	10 AM
(Mailing address MAY BE A POST OFFICE BOX)	MA	<u> </u>
		<u></u>
	<u> </u>	Cris Cris
	•4	
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the	
new registered agent and/or the new registered office ad		
Name of New Registered Agent:	1/12	
Name of New Registered Agent.		
	(Florida street address)	
New Registered Office Address:	1 to rad sireet dadressy	
	Florida	
(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	Agent: niliar with and accept the obligations of the position.	
Toy weeks the appointment as registered agent. I diffyant	NA	
Signature of New Registe	toned Agent if changing	
Signature of New Registe	егеи лует, у спинуту	

Page 1 of 4

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 <math>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, P' as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	$\overline{\mathcal{D}}$	LUNISE JULES CERIN		
Add				
Remove		•		
2) Change				
Add				
Remove				
3) Change			<u> </u>	
Add				
Remove				
- 				
4) Change				
Add				
Remove				
5) Change				
Add		•		
Remove				
6) Change				-
Add				
Remove				

If amending or adding additional Ar (attach additional sheets, if necessary).	(Be specific)			
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			150 00000	
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The date of each amendment(s) adoption:
Effective date if applicable: November 18, 2012 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated $\frac{12-27-2012}{1}$
Signature Worksaint
(By the chairman or vice elementary of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
EMMANUEL D. TOUSSAINT
(Typed or printed name of person signing) V.P
(Title of person signing)