## P0600000 72063

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TRUSTED Se	nior Care of Florida, Inc	
DOCUMENT NUMBER: PObo	000072063	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
John G. Klinows (Name of Co	ontact Person)	
Pt Richey ALF, I	「ハ C Company)	
. 829 Eastwood Di	•	
Golden, Colorac (City/State)	and Zip Code)	
For further information concerning this matter, plea		
dohn G. Klinowski dr (Name of Contact Person)	at (303) 526-0996 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fe Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fe Certificate of Sta Certified Copy (Additional Cop is enclosed)	atus
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	

Articles of Amendment
Articles of Incorporation
Articles of Amendment to Articles of Incorporation of  TRUSTED Senior Care of Florida, Inc. (Name of corporation as currently filed with the Florida Dept. of State)
(Name of corporation as currently fried with the Florida Dept. of State)
P06000072063
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
Pt Richey ALF, Inc.  (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(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)
N/A
(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)
N/A

(continued)

The date of each amendment(s) adoption: 13 August 2008	3
Effective date if applicable: 13 August 2008 (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 the amendment(s) by the shareholders was/were sufficient for ap	
The amendment(s) was/were approved by the shareholders throu following statement must be separately provided for each voting separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were su	fficient for approval by
(voting group)	
The amendment(s) was/were adopted by the board of directors w and shareholder action was not required.	ithout shareholder action
The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	it shareholder action and
Signature  (By a director, president or other officer - if directors or officer selected by an incorporator - if in the hands of a receiver, to appointed fiduciary by that fiduciary)	
Oohn G. Klinowski dr (Typed or printed name of person signing)	
President (Title of person signing)	

FILING FEE: \$35