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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Senior Medicaid Solutions, Inc. DOCUMENT NUMBER: P11000074089 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Douglas A. Peebles, Esq. Name of Contact Person Peebles Law Firm, P.A. Firm/ Company 1201 6th Ave. W., Suite 505 Bradenton, FL 34205 City/ State and Zip Code DAP@dpeebles.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Douglas A. Peebles, Esq. Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment Articles of Incorporation

Senior Medicaid Solutions Inc.

TALLANASSEE, FLORIDA

nt(s) to

(Name of Corporation as	s currently filed with the Florida Dept. of State)	SSEEUFS
	P11000074089	SSEE, FLO
(Documer	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	.1006, Florida Statutes, this <i>Florida Profit Corporation</i>	r adopts the following amendme
A. If amending name, enter the new na	nme of the corporation:	
		The new
name must be distinguishable and con "Corp" "Inc.," or Co.," or the design word "chartered." "professional associa	tain the word "corporation," "company," or "inconation "Corp," "Inc," or "Co". A professional corp tion," or the abbreviation "P.A."	rporated" or the abbreviation poration name must contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>		
	id/or registered office address in Florida, enter the r	ia me of the
new registered agent and/or the nev	w registered office address:	
Name of New Registered Agent	Douglas A. Peebles, Esq.	
	Peebles Law Firm, P.A.	
	(Florida street address)	
New Registered Office Address:	1201 6th Ave. W., Suite 505 Bradenton, Flori	ida 34205
New Registerett Office Address.	(City)	(Zip Code)
	hanging Registered Agents ered agent. I am familiar with and accept the obligat gnature of New Registered Agent, if changing	ions of the position

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	PT	John MacGloan	5319 Aqua Breeze Dr.
Add			Bradenton, FL 34208
Remove			
2) X Change	VPS	Maria I. MacGloan	5319 Aqua Breeze Dr.
Add			Bradenton, FL 34208
Remove			
3)Change			
Add			
Remove			
4) Change		•	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
The Corporation is authorized to issue 10,000 share	res.
The Corporation to dather 200 to local Topological	
•	
	. 49 0 0 1
If an amendment provides for an exchange, reclassification, or cancell	
provisions for implementing the amendment if not contained in the a (if not applicable, indicate N/A)	menament itseii:
	· • • • • • • • • • • • • • • • • • • •

The date of each amendment(s) adoption: 2/8/13				
Effective date if applicable:				
	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.			
	proved by the shareholders through voting groups. The following statement 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	(voting group)			
	(voting group)			
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder			
Dated Dated	27/13			
Signature	h White			
(By/a d	lirector, president or other officer - if directors or officers have not been			
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)			
•	John MacGloan			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			