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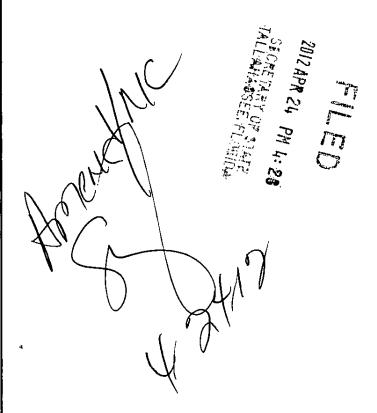
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COVER LETTER

Division of Corporations
NAME OF CORPORATION: NAME (GIR INC
DOCUMENT NUMBER: 120000 31111
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jernika Nance
Name of Contact Person
Firm/ Company
1830 Grand Day Cir. aft. 203
Lakeland, FL 33810
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(ict 1) 10 0(0; 200 2228
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Amendment Section Amendment Section
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

, Articles of Am	endment			
to				
Articles of Inco of	rporation			
Mance Care Inc	ALLO A			
(Name of Corporation as currently filed with the Flo	orida Dept. of State)			
P12000031777	24			
(Document Number of Corporation (if	known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendments its Articles of Incorporation:				
A. If amending name, enter the new name of the corporation:	Loving Care The new			
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 41665			
,	Lakeland, FL 33804			
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:				
Name of New Registered Agent				
(Florida stree	t address)			
New Registered Office Address:	. Florida			
(City)	(Zip Code)			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.				
Signature of New Registered Ag	ent, if changing			

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The state of the s	
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,	
an amendment provides for an ex provisions for implementing the an	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

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 nated in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mika 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	PT John	n Doe	
X Remove .	<u>V</u> <u>Mik</u>	se Jones	
_X Add	<u>SV</u> Şail	<u>y Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove	<u>T</u>	Antoinette Rich-Payne	1597 Doves View Circle Aubumoale, FL 33823
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

amending or adding additional Articular additional Articular additional sheets, if necessary).	(Be specific)
	
	
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	,
	
	
an amendment provides for an exchi	ange, reclassification, or cancellation of issued shares,
rovisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(lj not appacable, indicale IVA)	

The date of each amendment(s) adoption:	4/12/12
Effective date if applicable:	4/12/12
	(no more than 90 days after amendment file date)
<i>y</i> .	••
Adoption of Amendment(s) (C)	HECK ONE)
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s) approval.
	se shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):
	ndment(s) was/were sufficient for approval
by	ting group)
_	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder
Dated 4/12/12	
Signature	2
	sident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court y by that fiduciary)
	Criaco Nance (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Vf
	(Title of person signing)