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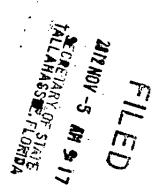
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Boca Home Care at Broward, Inc. DOCUMENT NUMBER: _P12000053077 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sara A. Goldberg, Esq. Name of Contact Person Law Offices of Sara A. Goldberg, P.A. Firm/ Company 20283 State Road 7, Suite 300 Address Boca Raton, FL 33498 City/ State and Zip Code sara@saragoldberglaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: $at \, (\frac{561}{\text{Area Code & Daytime Telephone Number}})$ Sara A. Goldberg Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & **\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Street Address Mailing Address** Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment Articles of Incorporation



(Name of Corporation as currently filed with the Florida Dept. of State)

P12000053077

(Document Number of Corporation (if known)

TATION S AN S 17 Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

" "Inc.," or Co.," or the designation "Corp," "Inc," o hartered," "professional association," or the abbreviation or the abbreviation or the abbreviation or new principal office address, if applicable: all office address MUST BE A STREET ADDRESS.		ration name must
	N/A	
er new mailing address, if applicable:		
ing address <u>MAY BE A POST OFFICE BOX</u>)	<u>N/A</u>	
nending the registered agent and/or registered office a		me of the
registered agent and/or the new registered office addr	ress:	
Name of New Registered Agent N/A		_
(Florida	a street address)	_
New Registered Office Address: N/A	, Florid	a
	City)	(Zip Code)
gistered Agent's Signature, if changing Registered Ag		una af tha manitian
accept the appointment as registered agent. I am famili	ar with and accept the obligation	ns of the position.
Signature of New Register.	111411 - 181 - 182 - 18 - 114 - 11 - 1	_

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 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>	<u>Nan</u>	<u>ne</u>		<u>Addres</u> s	
1) Change	-	<u>N</u> /	/A	 	<u> </u>	-
Add						
Remove						
2) Change				 		_
Add						
Remove						
3) Change				 .		
Add						
Remove						
4) Change				 		
Add						
Remove						
5) Change	,			 _		
Add					<u></u>	
Remove						
6) Change				 _		
Add						
Remove						

	nal sheets, if necessary). (Be specific)	
/A		
-11		
provisions fo	ent provides for an exchange, reclassification, or implementing the amendment if not contained policable, indicate N/A)	r cancellation of issued shares, in the amendment itself:
		. .

The date of each amendment(s) do	oct. 31, 2012
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) efficient 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)
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} Oct. 3	1, 2012
Signature(By a d	1 AAA
	Joseph Bensmihen
	(Typed or printed name of person signing)
	President
	(Title of person signing)