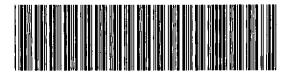
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(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: A Distinct ER: P12000095	ive Difference 570	Inc.
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
(Callie Huffman		
_		Name of Contact Person	1
-	5387 Shoreline	Firm/ Company	
		Address	
<u>.</u>	Sanford, Florid	a 32771	
		City/ State and Zip Code	e
Cal	lie.huffman@y	ahoo.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
Callie Huffman		at (407	625-6763
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. I	ng Address dment Section ion of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section In of Corporations Building xecutive Center Circle Issec, FL 32301

Articles of Ar	nendment		
to Articles of Inco	orporation	E4 7	<u>.</u>
of		21 € 24.0 ()	•
A Distinctive Difference Inc.			
(Name of Corporation as currently filed with the Fl	orida Dept. of State)	14141 (30 LE
P12000095570			
(Document Number of Corporation (if	known)		ά
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the	following a	friendment(s) to
A. If amending name, enter the new name of the corporation:			
Executive Care Management Inc.		au	he new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp,," "Inc," or "Covord "chartered," "professional association," or the abbreviation "I	Co". A professional corporation nar	or the abbr	reviation
B. Enter new principal office address, if applicable:	5387 Shoreline Ci	rcle	
(Principal office address MUST BE A STREET ADDRESS)	Sanford, FL 3277	1	
C. Enter new mailing address, if applicable:	5387 Shoreline Ci	rcle	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
	Sanford, FL 3277	<u> </u>	
D. If amending the registered agent and/or registered office address: Name of New Registered Agent New Registered Agent			
5387 Shorelin	e Circle		
(Florida stre			
New Registered Office Address: Sanford	, Florida 3277	′1	
(City)	(Zip	Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w.	ith and accept the obligations of the n	asitian	
Calle Ho	The war	oomaoil.	
Signature of New Registered A	dest if changing		

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	PT John	Doe	
X Remove	V Mike	: Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>D</u>	Mark Huffman	5387 Shoreline Circle
Add			Sanford, FL 32771
X Remove			
2) Change	PD	Callie Huffman	5387 Shoreline Circle
X			Sanford, FL 32771
Remove			
3) Change			
Add			
Remove			<u></u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	:les, enter change(s) here: (Be specific)
1.1.	
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A-	

The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable: (no ingre than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated August 28, 2013	
Signature (By a director, president or other officer—if directors or officers have not been selected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
CAllie Huffman (Typed or printed name of person signing)	
(Typed or printed name of person signing)	_
Wirector, President	
(Title of person signing)	