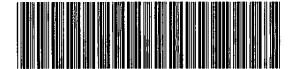
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: LEGENDARY LII	FE CARE INCORPORATE	ED		
DOCUMENT NUMBE	R:				
	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ondence concerning this mat	ter to the following:			
P	rocessing Department				
		Name of Contact Persor	1		
N	My Corporation Business Services, Inc.				
_		Firm/ Company			
24	26025 MUREAU RD STE 120				
_	Address				
C	ALABASAS, CA 91302				
		City/ State and Zip Code	2		
process	ing@mycorporation.com		/		
		ed for future annual report	notification)		
For further information of	concerning this matter, pleas	e call:			
Processing Department		at (877	de & Daytime Telephone Number		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for t	he following amount made ;	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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ameno Divisio P.O. B	ng Address Idment Section on of Corporations ox 6327	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LEGENDARY LIFE CARE INCORPORATED

(Name of Corporati	on as currently filed with the Florida i	Dept. of State)			
(Docur	nent Number of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	a Statutes, this Florida Profit Corporation	on adopts the fol	lowing ame	ndmer	ıt(s) !
A. If amending name, enter the new name of the co	orporation:				
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	," "Inc," or "Co". A professional cor		the abbrev		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		· · · · · · · · · · · · · · · · · · ·			
				17	•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	<u> </u>		<u>-</u> 2-	
			773 773 774 774 774	F를 2:	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		name of the			
Name of New Registered Agent					
	(Florida street address)	,			
New Registered Office Address:		, Florida	.2: 0 1		
	(City)		(Zip Code)		
New Registered Agent's Signature, if changing Re- I hereby accept the appointment as registered agent.		itions of the pos	ition.		
Sign	nature of New Revistered Avent if chang	ino			

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 Doc		
X Remove	¥	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) X Change	PTD	Portia Antoinette Glover	4078 Pebble Brooke Cir N	
Add			Orange Park, FL 32065	
Remove				
2) X Change	VPSD	Willie Glenn Glover	4078 Pebble Brooke Cir N	
Add			Orange Park, FL 32065	
Remove			····	
3) Change	DT	Beverly A Glover	5851 TIMUQUANA RD	
Add			SUITE #104	
X Remove			JACKSONVILLE, FL 32210	
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	<u>es, enter change(s) here</u> : (Be specific)		
	· · · · · · · · · · · · · · · · · · ·		
		······································	
			
	•		
f an amendment provides for an exch provisions for implementing the ame	nge, reclassification, or cancella	tion of issued shares,	
(if not applicable, indicate N/A)	dinest it not consumed to the and	enunicat asea.	
······		····	
· · · · · · · · · · · · · · · · · · ·			

	05/17/2017	
The date of each amendment(s) a date this document was signed.	loption:	, if other than the
Effective date if applicable:		
<u> </u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date variation of State's records.	vill not be listed as the
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) 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)	
<u> </u>	(voting group)	
The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 5/3	2/17 2/12/1000	
Signature(By a c	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ted fiduciary by that fiduciary)	
	Portia Antoinette Glover	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	