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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Golden Home Car	e Nursing Services, INC.			
	BER: P 17000083297				
The enclosed Article:	s of Amendment and fee are su	ibmitted for filing.			
lease return all corre	espondence concerning this ma	itter to the following:			
	Frantzy Thomas				
	Name of Contact Person				
		Firm/ Company			
	880 SW 49 TH Cir				
	Margate, FL 33068-3143				
	- 11	City/ State and Zip Cod	· ·		
fthor	mas44@hotmail.com				
	E-mail address: (to be u	sed for future annual report	notification)		
or further information	on concerning this matter, pleas	se call;			
Frantzy Thomas		at (⁹⁵⁴	496-5368		
Name	of Contact Person	at (954) 496-5368 Area Code & Daytime Telephone Nu			
inclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	□S43.75 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

N/A (Jolden homeco	~(enu(5x4	Seluces			
(Name of Corporation as o	currently filed with th	e Florida Dept. of Stat	<u>e</u>)		
N/A	D704638397				
(Document Ni	umber of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	tes, this Florida Profit	Corporation adopts the	following amendment(s)		
A. If amending name, enter the new name of the corpora	tion:				
name must be distinguishable and contain the word "con		11 67 70	The new		
"Corp., " "Inc., " or Co., " or the designation "Corp, " "Inc word "chartered," "professional association," or the abbrev	c," or "Co". A profe.	, or incorporatea e ssional corporation nun	or the abbreviation we must contain the		
B. Enter new principal office address, if applicable:	N/A		_		
(Principal office address <u>MUST BE A STREET ADDRESS</u>					
			9		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		5 PH		
<u></u>			2:		
 If amending the registered agent and/or registered offinew registered agent and/or the new registered office: 	ice address in Florida address:	, enter the name of the			
Name of New Registered Agent N/A					
	-				
· ·	orida street address)				
New Registered Office Address: N/A		, Florida			
	(City)		(Zip Code)		
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa	1 Agent: uniliar with and accept	the obligations of the p	osition.		
Nanature o	d'New Registered Agen	Litt chanaina			

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 De	<u>oe</u>	
X Remove	Y	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	T		YVETTE TOUSSAINT	2040 Barcelona Terrace
X Add				Margate, FL
Remove				33063
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

'A	The second second	essary). (Be speci	<i>)•••</i> /			
						
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• c						
nrovisions fo	<u>ient provides for</u>	an exchange, recla	issification, or car	icellation of issue	ed shares,	
(if not ap	oplicable, indicate	2 N/A)	iot Contained in C	ie amendment ne	<u>sen.</u>	
1						
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	N/A	
The date of each amendment(s) as date this document was signed.	loption:	, if other than the
N/A		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	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) fficient for approval.	
☐ The amendment(s) was/were approximate the separately provided for	roved 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 N/A		
,	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
10/07/2019		
DatedSignature	At Tuno	
selected	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Frantzy Thomas	
	(Typed or printed name of person signing)	
	Registered Agent PD	
	(Title of person signing)	