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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Simply Home Care of Florida, Inc. P23000002906 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michael G. Edison, Esq. Name of Contact Person Edison and Edison, PLLC Firm/ Company 11268 Winthrop Main Street, Suite 102 Address Riverview, FL 33578 City/ State and Zip Code michael.edison@edisonandedison.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813) 501-1577

Area Code & Daytime Telephone Number Michael G. Edison, Esq. Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee S35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of

Simply Home Care of Florida, Inc.	<u> </u>	
(Name of Corporation as current	ly filed with the Florida Dept. of State)	
P23000002906		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
WellCare Home Agency, Corp.		_The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A. 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)	A professional corporation name must contain	2029 HAY 24 AM 8: 23
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	dress in Florida, enter the name of the (8):	_
		_
(Florida si	treet address)	
New Registered Office Address:	, Florida	<u> </u>
	(City) (Zip	Codej
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar Signature of New 1	tt: - with and accept the obligations of the position Registered Agent, if changing	_
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>Name</u>	<u>Addres</u> s
1) Change			SEDREIV
Add			THAY
Remove			 ',
2) Change			AH (5) (6)
Add			8: 23
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			

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	05/09/2023	, if other than the
The date of each amendment(s) date this document was signed.	5/09/2023	
Effective date if applicable:	(no more than 90 days after amenda	lment file dater
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filin Department of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors w	without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes c sufficient for approval.	east for the amendment(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups for each voting group entitled to vote separately on	s. The following statement the amendment(s)
"The number of votes of	ast for the amendment(s) was/were sufficient for ap	pproval
by	(voting group)	·"
	Thomas Surery	
(By	a director, president or other officer – if directors or oted, by an incorporator – if in the hands of a receipt ointed fiduciary by that fiduciary) Yudith Fernandez (Typed or printed name of person signature)	r officers have not been SE 2029 HAY 24 TALLAH
	President	OF STATE FL
	(Title of person signing)	3: 23