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COVER LETTER

TO: Amendment Section

Division of Corporations Seven Elderly Care, Inc. NAME OF CORPORATION: P96000038044 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Maria C. Martinez Name of Contact Person Seven Elderly Care, Inc. Firm/ Company 6132 W 14 Lane Address Hialeah, Florida 33012-6257 City/ State and Zip Code sevenelderlycare@att.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Maria C. Martinez 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 Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

Seven Elderly Care, inc

2012 MAR 27 AM 7:54 TALLAHASSEE, FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State) P96000038044

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

	N/A	The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A pi	oany," or "incorporated" or the abbreviation
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		N/A
D. If amending the registered agent and/or r new registered agent and/or the new registered agent and/or the new registered Agent		ez
New Registered Office Address:	(Florida street address) Hialeah	<u> </u>
	(City)	(Zip Code)
New Registered Agent's Signature, if changing the second second the appointment as registered a second seco	ng Registered Agent: gent. I am familian with and act we of New Registered Agent, if ch	

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 <math>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> <u>John</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Sali</u>	y Smith	·
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add XX Remove	PVTSDCEO	Pablo M. Aguilera	.6132 W 14 Lane Hialeah, Fiorida 33012
2) Change Add Remove	PVTSDCEO	Maria C. Martinez	6132 W 14 Lane Hialeah, Florida 33012
3) Change Add Remove			
4)Change Add Remove	·		
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets. if necessary). (Be specific)
Pablo M. Aguilera is no longer affiliated to Seven Elderly Care, Inc
nor will he be the registered officer for this corporation
· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A

The date of each amendment(s) adoption:	03/21/2012
Effective date if applicable:	03/21/2012
Enective date <u>in applicable</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	CHECK ONE)
■ The amendment(s) was/were adopted by t by the shareholders was/were sufficient for	the shareholders. The number of votes cast for the amendment(s) or approval.
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):
	mendment(s) was/were sufficient for approval
by	
	(voting group)
action was not required. The amendment(s) was/were adopted by t action was not required.	the incorporators without shareholder action and shareholder
Dated	03/21/2012
	- Al
Signature	\mathcal{L}
selected, by an i	resident or other officer – if directors or officers have not been ncorporator – if in the hands of a receiver, trustee, or other court lary by that fiduciary)
	Maria C. Martinez
	(Typed or printed name of person signing)
	P,V,T,S
	(Title of person signing)
	•