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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	D0000004400	LIVING FACILIT	Y, INC.			
The enclosed Articles of	Amendment and fee are su	ubmitted for filing.				
Please return all correspo	ndence concerning this ma	atter to the following:				
S	YLVIA MARTIN	l				
	Name of Contact Person					
Ε	EXCELLENT SERVICES, INC.					
_		Firm/ Company				
P	.O. BOX 94003	2				
_	Address					
ſ.	IIAMI, FL 33194	ļ				
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	е			
exce	llent1246@gma	il.com				
	~	sed for future annual report	notification)			
For further information c	oncerning this matter, plea	se call:				
Sylvia G. Martin		_{at (} 786	, 246-1007			
Name of	Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the	e 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)			
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



Daylien Living Facility, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P98000044094 (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: A. If amending name, enter the new name of the corporation: Daylien's Living Facility, Inc. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, 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	<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	N/A	N/A	N/A
Add			
Remove			· ·
2) Change	N/A	N/A	N/A
Add			
Remove			
3) Change	N/A	<u>N/A</u>	N/A
Add			
Remove			
4) Change	N/A	N/A	N/A
Add			
Remove			
5) Change	N/A	N/A	N/A
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
6) Change	N/A	N/A	N/A
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
The only change to the corporation is a slight name change. The new name is				
Daylien's Living Facility, Inc.				
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)				
Not Applicable				

The date of each amendment(s) adoption: 05/22/2014		
date this document was signe	ed.	
Effective date if applicable:	. 05/22/2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):	
"The number of vot	es cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder	
action was not required.		
Dated Ma	ay 22, 2014	
Signature _	ay 22, 2014	
	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)	
	Arnaldo Casas	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	