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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: United Elder Care Services, Inc.					
DOCUMENT NUMBER: P98000053409					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Lisa Kaufman-Bensmihen					
Name of Contact Person					
United Elder Care Services, Inc.					
Firm/ Company					
4700 NW 2nd Avenue, Ste. 400					
Address					
Boca Raton, FL 33431					
City/ State and Zip Code					
lisa@bocahomecare.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Lisa Kaufman-Bensmihen at (561) 989-0611					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee & Certified Copy (Additional Copy is enclosed) \$35 Filing Fee & Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle					

Tallahassee, FL 32301

F.

Articles of Amendment to Articles of Incorporation of

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United Elder Care Services, Inc.	و المحديد	
(Name of Corporation as currently filed with the Florida Dept. of State)	TALL IN THE	m COTOA
P98000053409		
(Document Number of Corporation (if known)		•
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporatio</i> s Articles of Incorporation:	n adopts the following	g amendment(
. If amending name, enter the new name of the corporation:		
		The new
ame must be distinguishable and contain the word "corporation," "company," or "inco Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation "P.A."		
. 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)		-
D. If amending the registered agent and/or registered office address in Florida, enter the new registered agent and/or the new registered office address: Name of New Registered Agent Lisa Kaufman-Bensmihen	name of the	-
New Registered Office Address: Social City Property Propert	ida <u>33 4 3</u> (Zip Code)	2
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. If am familiar with and accept the obligation of New Registered Agent, if changing	tions of the position.	

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>Je</u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	1ike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PTSF	Joseph Bensmihen	4700 NW 2nd Avenue
Add			Boca Raton, FL 33431
Remove			
2) Change	PD	Lisa Kaufman-Bensmihen	4700 NW 2nd Ave, Ste. 40
Add			Boca Raton, FL 33431
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
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f an amandurant musuidas fan an avah	anne medacaification or concellation of issued shares
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis of issued shares, and an analysis of the amendment itself:
provisions for implementing the ame	



date this document was signed.	14 DEC 30 PH 4: Potter than the
Effective date if applicable: July 1, 2014 December 30, 2014 (no more than 90 days after amendment)	file date)
Adoption of Amendment(s) (CHECK ONE)	1
The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	r the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the an	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	99
The amendment(s) was/were adopted by the board of directors without shareholder action action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action are action was not required.	
Signature (By a director, president or other officer – if directors or office selected, by an incorporator – if in the hands of a receiver, trus appointed fiduciary by that fiduciary)	
Lisa Kaufman-Bensmihen	
(Typed or printed name of person sig	gning)
President, Director	
(Title of person signing)	