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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PALM BREEZ	E YOUTH SERVICES	, INC.	
N08000008146 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	e submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
ROBERTA GASTMEYER			
	(Name of Contact	Person)	
PALM BREEZE YOUTH SERVICES INC			
	(Finn/ Compa	any)	
PO BOX 357582			
	(Address))	
GAINESVILLE, FL 32635			
	(City/ State and Z	ip Code)	
sbogainesville@gmail.com			
E-mail address: (to be	used for future annual	report notificatio	n)
For further information concerning this matter, p	lease call:		
ROBERTA GASTMEYER		352 at	494-9662
(Name of Contact P		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount ma	ade payable to the Florid	la Department of	State:
	ce & \$\Bigsize \$43.75\$ Filing F latus Certified Copy (Additional cop enclosed)	Certif y is Certif (Addi	0 Filing Fee Scate of Status Sed Copy tional Copy is osed)
Mailing Address Amendment Section		Street Address Amendment Sect	ion

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

17 JUN 21 #1 9: 26

PALM BREEZE YOUTH SERVICES, INC.			
(Name of Corporation as cur	rently filed with the Florida Dept. of St	ate)	
N08000008146	rjant e	There is a second of the secon	
(Document No	umber of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Stanmendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corpor	ation adopts the following	
A. If amending name, enter the new name of the corpo	oration:		
N/A		The new	
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	ooration" or "incorporated" or the abbrev		
D. Entar new principal office address if applicables	N/A		
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRE</u>	<u>(SSS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		e of the	
	(Florida street address)		
New Registered Office Address:			
N/A		Florida	
	(Ciţv)	(Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		of the position.	
	Signature of New Registered Agent, if c	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 X Remove X Add	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	TIM MCLENDON	PO BOX 357582
Add			GAINESVILLE FL 32635
X Remove			
2) Change	*******		
Add			
Remove			
3) Change	_·		
Add			
Remove			
4) Change		·	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

2. If amending or adding additional A (attach additional sheets, if necessary)	. (Be specific)		
N/A			
		<u> </u>	-
			7
			A TO
-		·	

•	•	N/A	
	e date of each amend this document was si	• • • • • • • • • • • • • • • • • • • •	, if other than the
- ~		3/14/2017	
Eme	ective date <u>if applica</u>	(no more than 90 days after amendment file date)	
		in this block does not meet the applicable statutory filing requirements, this date will not on the Department of State's records.	t be listed as the
A.de	option of Amendmen	t(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficient f	vas/were adopted by the members and the number of votes cast for the amendment(s) or approval.	
	There are no membe adopted by the board	rs or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.	
	J Dated _	UNE 15, 2017	
	Signature _	RoSuta Carlinger	
	h	by the chairman or vice chairman of the board, president or other officer-if directors ave not been selected, by an incorporator – if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary)	
		ROBERTA GASTMEYER	
		(Typed or printed name of person signing)	
		SECRETARY/TREASURER	
		(Title of person signing)	