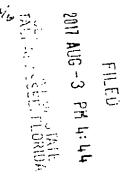


Office Use Only



900302000199

08/03/17--01008--026 \*\*35.00



C. GOLDEN AUG - 8 2017

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Service, Inc.		
.,	· · · · · · · · · · · · · · · · · · ·	
mitted for filing.		
er to the following:		
(Name of Contact Perso	n)	
(Firm/ Company)		
(Address)		
(City/ State and Zip Cod	c)	
d for future annual report	notification)	
: call:		
786-273-811C		
n) (A	rea Code) (Daytime Telephone Number)	
ayable to the Florida Depa	artment of State:	
□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Street Address Amendment Section		
	mitted for filing. er to the following:  (Name of Contact Perso  (Firm/ Company)  (Address)  (City/ State and Zip Cod  d for future annual report e call:  at 78 (A)  ayable to the Florida Depart  Certified Copy (Additional copy is enclosed)	

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

FILED

2017 AUG - 3 PM 4: 44

BASILE BEHAVIORAL SERVICES, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N16000009680 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. 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) 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: (Zip Code) 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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Marilyn Correa	17639 S. Dixie HWY
Add			Palmetto Bay, Fl 33157
X Remove			<del></del>
2) Change			
Add			
Remove			
3) Change		<del>-</del>	
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific	)				
<del></del>						
		<del> </del>				
· · · · · · · · · · · · · · · · · · ·		, <u>t</u> -	· · · · · · · · · · · · · · · · · · ·	= *11.		
	······································					
				<u> </u>	<u>.</u> .	
	_					
· · · · · · · · · · · · · · · · · · ·						
			<u> </u>			_ <del>-</del>
	-			<del> </del>		
±.						
<del> </del>						
· · · · · · · · · · · · · · · · ·	<del></del>					

	July 31, 2017	ie at at a
The date of each amend date this document was s		_, if other than the
Effective date if applica	July 31, 2017	
	(no more than 90 days after amendment file date)	
	ed in this block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	be listed as the
Adoption of Amendme	nt(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) for approval.	
There are no memb adopted by the boa	pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.	
Dated	July 31, 2017	
Signature	Ju A Bilo	
(	By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Gina A. Basile	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

• • • • •