NI LOCOTO 9LOZO

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
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(Bu	isiness Entity Nar	ne)			
(Do	ocument Number)	· <u></u>			
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C. GOLDEN 編27 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BASILE BEHAV	IDRAL SERVICES		
DOCUMENT NUMBER:	, <i>O</i>		
The enclosed Articles of Amendment and fee are submitted	for filing.		
Please return all correspondence concerning this matter to the	e following:		
GINA BASIL	E		
(Name	e of Contact Person)		
BASILE BEHAVIORAL S	ERVICES, INC.		
,	• •		
1343 S.W. 119th CT			
	(Address)		
MIAMI, FL. 33184			
(City/	State and Zip Code)		
Ginabasile (E-mail address: (to be used for fu	a yahoo. com		
For further information concerning this matter, please call:	ture armuar report normeacion)		
GINA BASILE	at 786-273-8110 (Area Code) (Daytime Telephone Number)		
(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:		
(Ad	.75 Filing Fee & S52.50 Filing Fee tified Copy Certificate of Status ditional copy is Certified Copy (Additional Copy is Enclosed)		
Mailing Address	Street Address		
Amendment Section Division of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

Articles of Incorporation				
BASILE BEHAVIORAL SERVICES INC.	2019	W 126	Fi. 3: 02	
(Name of Corporation as currently filed with the Florida Dept. of State)	- ' - S			
N16000009680	,), t	· c lin	
(Document Number of Corporation (if known)				
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopted amendment(s) to its Articles of Incorporation:	ts the foll	owing		
A. If amending name, enter the new name of the corporation:				
NIA	Th	e new		
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Company" or "Co," may not be used in the name.	orp." or "	Inc."		
B. Enter new principal office address, if applicable: (Britainal office address MUST RE 4 STREET ADDRESS)				
(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:				
Name of New Registered Agent.				
(Florida street address)				
New Registered Office Address:	NA			
N/A , Florida	<u>de)</u>			
	/			
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 pos	ition.			
<u> </u>				
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>Doe</u> <u>Jones</u> <u>Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	_D	MARIA LACAYO	330 SW 61 AVE MIAMI, FL 33144
Remove 2) Change Add		~/N	
Remove 3) Change Add		N/K	
Remove 4) Change Add	·	- A/A	
Remove 5) Change Add		N K	
Remove 6) Change Add		N/T	
Remove			

<u>If amending or addi</u> attach additional she	ets, if necessary).	(Be specifi	c)			
		<u>.</u>				
			<u></u>			
						
			11			
		7,				
			411			
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						<u> </u>

The date of each amendment(s) ad	option:	3 2	0 0	1018	·	, if other than the
date this document was signed.		,	·ſ			
Effective date if applicable:			N	~		
	(no more th	an 90 days	after ar	nendment fi	le date)	
Note: If the date inserted in this blod document's effective date on the Dep			ble statu	tory filing re	equirements, this date wil	l not be listed as the
Adoption of Amendment(s)	(CHECK	ONE)				
☐ The amendment(s) was/were ad was/were sufficient for approva		bers and th	ne numb	er of votes c	ast for the amendment(s)	
There are no members or membadopted by the board of director		e on the an	nendmer	nt(s). The ar	mendment(s) was/were	
Dated	3/20/20	018				
Signature			and			
have not bee		incorporate	or – if in	the hands o	other officer-if directors f a receiver, trustee, or	
	GINA					
	(T _j	ped or prii	nted nan	ne of person	signing)	
	PRESI	DENI				
		(T	itle of p	erson signin	g)	