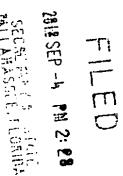
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	and Reunification Serv	ices, Inc		
N17000011250	-			
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are subm	nitted for filing.			
Please return all correspondence concerning this matte	r to the following:			
Alla Gordon				
	(Name of Contact Pers	on)		_
	(F) (C)		<u></u>	
	(Firm/ Company)			
12811 Kenwood Lanc, Suite 106				
	(Address)			
Fort Myers, FL 33907				
	(City/ State and Zip Co	de)	··	
leo@99legal.com				
E-mail address: (to be used	for future annual repor	t notification	n)	
For further information concerning this matter, please	call:			
Alla Gordon	2 at	39	898-4992	
(Name of Contact Person		Area Code)	(Daytime Telephone Number	r)
Enclosed is a check for the following amount made page	yable to the Florida De	partment of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address Amendment Section		et Address odment Secti	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

Family Preservation and Reunification Services.			
(Name of Corporation	n as curr	ently filed with the F	lorida Dept. of State)
N17000011250			
(Docu	ment Nur	nber of Corporation (i	f known)
Pursuant to the provisions of section 617,1006. Flomendment(s) to its Articles of Incorporation:	orida Stati	utes, this Florida Not	For Profit Corporation adopts the following
. If amending name, enter the new name of th	e corpor	ation:	
N/A			The new
name must be distinguishable and contain the wor Company" or "Co." may not be used in the nan		ration" or "incorpora	
B. Enter new principal office address, if applicab (Principal office address <u>MUST BE A STREET AL</u>		N/A	
		<u>S</u>)	
		-	- 5
			77.5
Enter new mailing address, if applicable:		N/A	THE SEP
(Mailing address MAY BE A POST OFFICE	BOX)		791 34 1 21 mg 38
			Ziver -
			17.
			3.2
 If amending the registered agent and/or registered agent and/or the new register 			la, enter the name of the
new registered agent and/or the new register	N/A	augress:	
Name of New Registered Agent:	18/74		
	N/A		
New Registered Office Address	-		(Florida sirvet address)
New Registerea (Three Maaress)	•		
		471.	Florida
		(City)	(Zip Code)
Sew Registered Agent's Signature, if changing			
hereby accept the appointment as registered ager	nt. Lam	familiar with and acce	pt the obligations of the position.
-		Diament 711 D	
		Signature of New Reg	istered 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	\underline{V} \underline{M}	<u>hn Doe</u> ike Jones illy <u>Smith</u>	
Type of Action (Check One)	Tide	<u>Name</u>	<u>Addres</u> s
1)Change	<u>s</u>	Aaron Shamis	12811 Kenwood Lane, Suite 106
Add			Fort Myers, FL 33907
X Remove			
2) Change	D	Marianna Vershinin	12811 Kenwood Lane, Suite 106
XAdd			Fort Myers, FL 33907
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)
N/A	
 .	
.	

ľhe	e date of each amendment(s) adoption:	_, if other than the
late	this document was signed.	
Effe	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
Not loc	(e) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ument's effective date on the Department of State's records.	he listed as the
۸de	option of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 08/24/2018	
	Signature	_
	(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)	
	Leonid Kremenchuker	
	(Typed or printed name of person signing)	
	Incorporator and President	
	(Title of person signing)	