N2000002703

(Req	juestor's Name)	
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(City	/State/Zip/Phone	e #)
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A. RAMSEY

COVER LETTE:

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GENESIS COMMUNITY CARE	INCORPORA TED
N20000002703	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filir	g.
Please return all correspondence concerning this matter to the follow	ving:
Antonio Ali	
(Name of Co	ntac Person)
GENESIS COMMUNITY CARE INCORPORATED	
(Firn/ Co	ompany,
2210 Pierce St	
(Add	ress)
Hollywood, FI 33020	
(City/ State a	nd Zip Code)
Antoniojali@yahoo.com	
E-mail address: (to be used for future and	nual report notification)
For further information concerning this matter, please call:	
Antonio Ali	786 237-6460
(Name of Contact Person)	Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the F	lorida D. 52, tment of State:
S35 Filing Fee	ppy Certificate of Status

Mailing Address

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

Street Address

Amendment Section.
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

GENESIS COMMUNITY CARE INCORPORATED

2023 DEC 22 AM 1: 45

(Name of Corporation as currently filed with th	ne Florida Dept. of State)	
N20000002703		
(Docu	ment Number of Corporation (if I	nown)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this Ftorida Not F	or Profit Corporation adopts the following
A. If amending name, enter the new name of th	ne corporation:	
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam	d "corporation" or "incorporate t <u>e</u> .	The newThe new
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
D. If amending the registered agent and/or reginew registered agent and/or the new register	istered office address in Florida	, enter the name of the
Name of New Registered Agent:	Antonio Ali	
	2210 Pierce St	
New Registered Office Address:		lo, da street address)
	Hollywood	. Florida 33020
	(Cip)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: it. I am familiar with and accept	the abligations of the position.
-	Signature of Vew Regist	ered 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:

 $P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR - Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/the <math>\infty$ or 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 Si	ones	
Type of Action (Check One)	Title	Name	Address
1) × Change Add	<u>P</u>	Antonio Ali	221th Pierce St Hollywood, FI 33020
Remove			
2) Change Add	<u>O</u>	Ayden Dickson	2210 Pierce St Hollywood, Fl 33020
Remove (3) Change Add Remove	<u> </u>	Malka Livingsten	Hollywood, FL 33020
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	
	<u>-</u>	<u> </u>	

		
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The date of each amendment(s) acd date this document was signed.	loption:	, if other than the
Effective date if applicable:		
o applicable.	(no more than 90 days after amendment file :! :1e)	
	ck does not meet the applicable statutory filing requirements, this date will not be	c listed as the
Adaption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac was/were sufficient for approve	lopted by the members and the \(\text{u}\), ober of votes cast for the amendment(s).	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were dopted by the board of directors.	
Dated	
Signature Delonio Dei	
(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)	
Antonio Ali	
(Typed or printed name of person signing)	
President Registered Agent	
(Title of person signing)	