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Special Instructions to	Filing Officer:	
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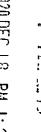


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COVER LETTER

TO: Amendment Section

Division of Corporations The enclosed Articles of Amendment and fee are submitted for filing Please return all correspondence concerning this matter to the following: Bocanegra (Name of Contact Person) Genstones in the Making, INC Porto Fino Cir (Address) For further information concerning this matter, please call: aribel Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee (1843.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

4 Terry phase call when filling (239) 839-8774

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

Genstones in the Making, Inc

(Document Nur	mber of Corporation (if knows	1)	
Pursuant to the provisions of section 617,1006, Florida Statamendment(s) to its Articles of Incorporation:	tutes, this <i>Florida Not For Pr</i>	ofit Corporation adopts the	: following
A. If amending name, enter the new name of the corpor	ration:		
			_The new
name must be distinguishable and contain the word "corpo" "Company" or "Co." may not be used in the name.	oration" or "incorporated" or	the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	(22		
(Trincipal Office address Stoot BL 71 STREET ADDRESS	<u></u>		2[
			201
			- PH
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u>පා</u> .
		•	₽.
			
		•	<u>8</u>
D. If amending the registered agent and/or registered o	ffice address in Florida, ent	er the name of the	
new registered agent and/or the new registered offic	e address:		
Name of New Registered Agent:			
			
	(Florida	street address)	
New Registered Office Address:	.,		
		Plantida	
	(Citv)	, Florida (Zip Code)	
	·	•	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		phlications of the position	
r novery accept the appearament as registered agent. Tuni	juminar wim una accept me	nnigations by the position.	

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 John Doe X Remove Mike Jones Sally Smith X Add Type of Action <u>Title</u> Address Name | (Check One) TREASURE Fatima Mustafa Vazquez Change Add Remove 1455 manposa Cur 2) ____ Change Add 12251 Caisson Un **X**_ Remove FHMYers, A33912 ___ Change Fundrawing Cirdy Change Add ____ Remove 5) ____ Change ____ Add ___ Remove 6) ____ Change Add __ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 15 organized igious, educational

including

that audify as exempt organizations desc	chibed
under section 501 (c)(3) of the Internal	,
Revenue Code or corresponding section	\rightarrow
of any future tay code.	
Upon the dissolution of the organization	
assets shall be distributed for one or	
more exempt purposes within the mear	ring
of Section 501 (d)(3) of the Internal	<u>_</u>
Revenue Code or corresponding section	
of any future federal tax code, or sha	
be distributed to the Federal Government Com	ant, or
to a state or local government, for public purpose.	
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date this document was signed. Effective date if applicable: 1112021	
Effective date if applicable: (no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e listed as the
Adoption 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.	

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There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

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)

(Typed or printed name of person signing)

Executive Director Chairman of Beard
(Title of person signing)