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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ration: GENES	IS VENTURE	FUNDING Inc
DOCUMENT NUM	BER:	120000850	60
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
		Name of Contact Perso	n
	— Shyam Kotwal, CP. 13574 Village Park Dr. Orlando, FL 328	DIE, 233	
	(407) 888-4720	Address	
	SKOTWAD (E-mail address: (to be us	City/ State and Zip Cod CParotwal. Ted for future annual report	
For further informatio	n concerning this matter, pleas	e call:	
SHY	AM KOTHAL	at (407) 888-472 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made I	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DIVISEC	SE FU.
2815 APP	STANCONFORMATION
** A <	3 PM OR AND W.
	4.46

(Name of Corporation as current	E FUNDIA	rg 1	NC		_ · · · ·
(Name of Corporation as current	ly filed with the Flor	<u>ida Dep</u>	t. of State)		
P120000	85060				
(Document Number	er of Corporation (if k	nown)	······································		•
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	orida Statutes, this <i>Fla</i>	orida Pro	ofit Corporation	adopts the following	g amendment(s) to
A. If amending name, enter the new name of th	e corporation:				
AMERICAN BUSINES	S ANALYSI	s ځ	GNSULTI	NG INC.	The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "Co	". A pr	any," or "incorp ofessional corpo	porated" or the air ration name must o	bbreviation contain the
B. Enter new principal office address, if application				.	_
(Principal office address MUST BE A STREET A	<u>4DDRESS</u>)				
					,
			_ 	<u> </u>	
C. Enter new mailing address, if applicable:	POW.				
(Mailing address MAY BE A POST OFFICE	BUX)				
	-				
					•
D. If amending the registered agent and/or regi	istered office address	in Flor	ida, enter the na	me of the	
new registered agent and/or the new register	red office address:		· • • • • • • • • • • • • • • • • • • •		
Name of New Registered Agent					
	(Florida street	address)		~~	
New Registered Office Address:	(City)		, Florida	a	
- "	(City)			(Zip Code)	
New Registered Agent's Signature, if changing l	Registered Agent:				
I hereby accept the appointment as registered ager		and acc	cept the obligation	ns of the position.	
Signature o	f New Registered Age	nt, if cha	nging		

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
4) Change			
Add			
Remove			
5) Change Add			
Remove			
6) Change			
Add			

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)				
					
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an amendment provides for an exch	ange, reclassifica	ation, or can	cellation of i	ssued shar	es,
rovisions for implementing the amer (if not applicable, indicate N/A)	idment if not co	<u>tained in th</u>	e amendmen	t itself:	
(y not applicable, indicale N/A)					
<u> </u>					
		- <u>-</u>			<u>. </u>
					

date this document was signed.	loption:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	4/14/15	
Signature	dward M. Millo	_
selected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
_	EDWARD M. MELLO (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
_	President	
	(Title of person signing)	