

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	ATION: OR GANIZ	ational Man	agement Solutions, Inc	- -
DOCUMENT NUMBI	:R: P140000	19518		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this mat	tter to the following:		
- -	Organiza- 1542 Kir	ngsley Ave	gement Solutions, Inc. Suite 136 32073	-
		ed for future annual report		
For further information	concerning this matter, pleas	e call:		
Christic Name of	Contact Person	at (904 Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:	
S35 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)	
Amen Divisi	ng Address dment Section on of Corporations 30x 6327	Amend Divisio	Address ment Section or of Corporations Building	

2661 Executive Center Circle Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation

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	of the state of th
Organizational Manage	ently filed with the Florida Dept. of State)
(Name of Corporation as curr	ently filed with the Florida Dept. of State)
P 140000 195	18
	er of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, t its Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>:</u>
Family Services and Resonance must be distinguishable and contain the word "corpor" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," word "chartered," "professional association." or the abbreviation	or "Co". A professional corporation name must contain the on " $P_{\rm c}A_{\rm c}$ "
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	Orange Park, FL 32073
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1542 Kingsley Ave Svite 136 Orange Park, FL. 32.073
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
Name of New Registered Agent	
(Floride	a street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	
I hereby accept the appointment as registered agent. I am famili	iar with and accept the obligations of the position.
Signature of Ne	w 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	<u>6.1.</u>	John De	<u>)c</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sp	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1)Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				4
3) Change		_		
Add				
Remove				
4) Change				
Add		٠		
Remove				
5) Change				
Add		-		
Remove				
6) Change				
Add				
Remove				

				
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f an amendment provides for an excl provisions for implementing the ame	hange, reclassifica	ition, or cancellati	on of issued shares,	
(if not applicable, indicate N/A)	Manche in not con	named in the anne	1000 (100 100 100 100 100 100 100 100 10	
				
		<u> </u>		
				
		··-·	<u> </u>	
				· · · · · ·

The date of each amendment(s) adoption: 7/1/18
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)
(no mene men 20 teas veges amenament file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for approval
by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
Signature () MM
1By a director, president or other officer – If directors or officers have not been
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Christina St-Clair
(Typed or printed name of person signing)
(Title of person signing)
(Title of person signing)