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(Re	(Requestor's Name)			
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Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer			
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Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: <u>Gene Se EnterPrise, Inc</u> DOCUMENT NUMBER: <u>P15000071242</u>			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Paul Ronca F Name of Contact P. Ronca TAX Firm/ Compa 7850 N-W. 1465T Address Mami Lakes, FL, City/ State and Zi Starrockenia GMa E-mail address: (to be used for future annual	Person Practitioners any 513 33016 ip Code		
For further information concerning this matter, please call:			
Ronca, Parl F Name of Contact Person at (95	rea Code & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee \$\text{Certificate of Status}\$43.75 Filing Fee & Certified Copy (Additional copy enclosed)}	Certificate of Status		
Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

•	•	of [']
be ne	Se	EnterPrise, inc

(Name of Corporation as currently filed with the Florida Dept. of State)

P15000071242

(Do	ocument Number of Corporation (f known)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida Profit</i>	Corporation adopts the fol	lowing amen	dment(s
A. If amending name, enter the new name of th	e corporation:			
			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 profes		the abbrevia	tion
B. <u>Enter new principal office address, if applications of the ASTREET A</u>				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE				
D. If amending the registered agent and/or reginew registered agent and/or the new registered Agent Name of New Registered Agent				_
	(Florida street address)			
New Registered Office Address.		, Florida		
How Hogistored Office Padress.	(City)	, 1 101104	(Zip Code)	_
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	ent. I am familiar with and accept		SECRETARY OF SAL	
-	Signature of New Registered Agen	t, if changing		Ē

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	Address
1) Change	VP	KAUL M. Sanchez	17+7/144 N. Delaware
Add			Avenue
Remove			HH7 144 N. Delaware Avenue Lindenhurst, avy, 1175,
2) Change			
Add			
Remove			
3) Change	<u></u>		
Add			**************************************
Remove			
4) Change		·	
Add			- to the transfer of the trans
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)
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date <u>if applicable</u> : 9-2-15 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	:nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	'ement
"The number of votes cast 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.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9.2-15	
Signature de Rus	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other of	
appointed fiduciary by that fiduciary)	ourt
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	