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C. GOLDEN

OCT 1 9 2017

COVER LETTER

NAME OF CORPORATION: BEACON YOUTH SERVICES INC.								
*DOCUMENT NUMBER: P160000 81948								
The enclosed Articles of Amendment and fee are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
ALE JANOINS CAORSI Name of Contact Person								
Name of Contact Person								
BEACON YOUTH SERVICES INC.								
Firm/ Company								
P.O. BOX 208								
Address								
NEW Port RICHEY F1 34656 City/ State and Zip Code								
City/ State and Zip Code								
BEACONYOUTHSERVICES Adm & GMAIL. Com								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
ALE SANdra CAORS i at 954, 366 8965 Name of Contact Person Area Code & Daytime Telephone Number								
Area Code & Daytime Telephone Number								
Enclosed is a check for the following amount made payable to the Florida Department of State:								
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)								

Mailing Address

TO: Amendment Section

Division of Corporations

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

FILEÜ

of 2017 OCT 18 PM 2: 56

BEACON Youth SERVICE	SINC
(Name of Corporation as current)	y filed with the Florida Dept. of State)
P160000819	48
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this attaches of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "word "chartered," "professional association," or the abbreviation "	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address:	
Numa of New Registered Award KAMON	Waisht SR
12416 Sti (Floridu stre New Registered Office Address: TAMPA	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar w	ith and accept the politications of the position.
Signature of New Ro	Note that the state of the stat

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 D	<u>æ</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	V	• —	MAMON Wright SR.	124165Tillwaten TEAN. DR. TAMPA Florida 33618
X Add				TAMPA Florida 33618
Remove				
2) Change		<u></u>	MA	
Add				
Remove			/ .	
3) Change		- -	MA	
Add				
Remove				
4) Change			MA	
Add				
Remove			,	
5) Change			MA	
Add				
Remove			/	
6) Change		_	MA	
Add				
Remove				

If amending or adding additional Ar	rticles, enter change(s) here:
(Attach additional sheets, if necessary)). (Be specific)
Ni/A	
	
	· · · · · · · · · · · · · · · · · · ·
if an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
MA	
	, , , , , , , , , , , , , , , , , , ,

The date of each amendment		1500	1 17	, if other than the
date this document was signed Effective date if applicable:		MA		
		(no more than 90 days o	after amendment file date	?)
Note: If the date inserted in document's effective date on the			atutory filing requiremen	its, this date will not be listed as the
Adoption of Amendment(s)	(<u>CH</u>)	ECK ONE)		
The amendment(s) was/wer by the shareholders was/we	e adopted by the sere sufficient for a	shareholders. The numbe	er of votes cast for the am	endment(s)
☐ The amendment(s) was/wer must be separately provide				
"The number of votes	cast for the amend	dment(s) was/were suffic	ient for approval	
· · · · · · · · · · · · · · · · · · ·	(voti	ing group)	·	
☐ The amendment(s) was/wer action was not required. ☐ The amendment(s) was/wer action was not required.				
Dated	15 oct 20	-FIU		
(B	y a director, presid	orc CCoਹਨ dent or other officer – if o porator – if in the hands by that fiduciary)		
		LEJANDRA C	· - · · · · · · · · · · · · · · · · · · ·	
	(1	Typed or printed name of	person signing)	
	 	PRESIDENT - C	EO	
		(Title of perso	n signing)	