P18000018538

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Genesis II Behavio	oral Solutions, Inc.		
DOCUMENT NUMBER: P18000018538				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all corre	espondence concerning this ma	tter to the following:		
	Fleurant Gachelin			
		Name of Contact Person	n	
		Firm/ Company		
	31601 SW 197th Avenue			
		Address		
	Homestead, FL 33030			
		City/ State and Zip Cod	e	
fg_tte	c@yahoo.com			
 	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Tona Mason		at (972-1560	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	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)	
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327	Amend Divisio Clifton	Address ment Section on of Corporations Building	
Tall	lahassee, FL 32314	2661 E	xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Genesis II Behavioral Solutions, Inc.	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P18000018538	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Genesis II Solutions. Inc.	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	n/a
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a
	2015
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of the
new registered agent and/or the new registered office addre	ss:
Name of New Registered Agent n/a	
· · · · · ·	
(Florida s	treet address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	nt:
I hereby accept the appointment as registered agent. I am familian	with and accept the obligations of the position.
Signature of New	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>PT</u>	John Doc	
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	VP	Tona Mason	31601 SW 197th Avenue
Add			Homestead, FL 33030
A Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change	<u></u>		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
n/a		
3. If an amendment provides for an eychan	age, reclassification, or cancellation of issued shares,	
provisions for implementing the amend	lment if not contained in the amendment itself:	
(if not applicable, indicate N/A) n/a		

The date of each amendment(s) adoption: date this document was signed.	, if other than the
_	
03/07/18 Effective date <u>if applicable:</u>	
(no more than 90 days after a	amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	y filing requirements, this 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 very by the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separate	roups. The following statement ly on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for	or approval
by	,,
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without share action was not required.	cholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sharehold action was not required.	ler action and shareholder
03/07/18 Dated	
Signature Alyan Dean	
(By a director, president or other officer – if directors elected, by an incorporator – if in the hands of a reappointed fiduciary by that fiduciary)	
Fleurant Gachelin	
(Typed or printed name of person	on signing)
Р	
(Title of person sign	ing)