# P18000051709

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

,

NAME OF CORPORAT	TION: genexcare Corp				
DOCUMENT NUMBER	P18000051709	10			
The enclosed Articles of A	tmendment and fee are su	ibmitted for filing.			
Please return all correspor	idence concerning this ma	tter to the following:			
Ch	arles Zwebner				
	Name of Contact Person				
	Firm/ Company				
14:	530 Biscayne Blvd				
No	rth Miami, FL 33181	Address			
_		City/ State and Zip Code	2		
cjzwebn	er@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information co	ncerning this matter, pleas	se call:			
Lazara Valmana		786 at (	564-5612		
Name of C	ontact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the	e following amount made	payable to the Florida Depa	ortment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

# **Articles of Amendment** Articles of Incorporation of

genexcare Corp

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

F 10000031703	<del>,</del>
(Document Number of Co	prporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co' word "chartered," "professional association," or the abbreviation "P.A	* A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2018 SEP 21
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the
Name of New Registered Agent	1:05
(Florida street o	address)
New Registered Office Address: (Cit	, Florida
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	

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	2			
X Remove	$\underline{\mathbf{V}}$	Mike Jones				
X Add	<u>sv</u>	Sally Sm	Sally Smith			
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s		
1) Change	sv	_	Lazara Valmana	14530 Biscayne Blvd		
x Add				North Miami, FL 33181		
Remove						
2) Change						
Add						
Remove						
3) Change		<del></del>				
Add						
Remove						
4) Change						
Add						
Remove						
5) Change		<del></del> .				
Add						
Remove						
6) Change						
Add						
Remove						

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
***************************************	
<del></del>	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:  (no more than 90 days after amendment file date)	
(no more man 20 days after amenament file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	ot 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(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 cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(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.	
September 21, 2018 Dated	
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator — if jh the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Charles Zwebner	
(Typed or printed name of person signing)	<del></del>
President	

(Title of person signing)