P20000062523

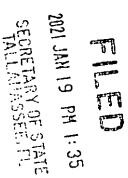
(Re	questor's Name)	
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2/26/21

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: DRAGONFLY BEI	HAVIORAL THERAPY IN	NC
DOCUMENT NUMBI	D20000062622		
The enclosed Articles of	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
	ANA MARY REYES FABIA	.N	
-		Name of Contact Person	
1	ORAGONFLY BEHAVIORA	AL THERAPY INC	
-		Firm/ Company	
	27532 SW 162 CT		
_		Address	
1	HOMESTEAD, FL 33031		
-		City/ State and Zip Code	
1	DRAGONFLYBEHAVIORT	HERAPY@YAHOO.COM	I
_	E-mail address: (to be use	ed for future annual report i	notification)
For further information	concerning this matter, pleas	e call:	
ANA MARY REYES	FABIAN	at (305	496-3116
Name o	f Contact Person		e & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Division The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

to

DRAGONFLY BEHAVIORAL THERAPY INC	2021 JAN 19 PM 1: 35
(Name of Corporation as currer	ntly filed with the Florida Dept. of State)
P20000062523	SECRETARY OF STATE TALLAHASSEE, FL
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abhreviation "P.A	A professional corporation name must contain the word
3. Enter new principal office address, if applicable:	5725 CORPORATE WAY
Principal office address <u>MUST BE A STREET ADDRESS</u>)	STE 207
	WEST PALM BEACH, FL. 33407
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
). If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ages I hereby accept the appointment as registered agent. I am familia.	
Signature of New	Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP.	YELENA GOMEZ	12904 SW 210 TERR.
X Add			MIAMI, FL. 33177
Remove			
2) Change	<u> </u>		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Articles, enter change(s) here: tach additional sheets, if necessary). (Be specific)	
<u></u>	
	
	<u> </u>
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
rovisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	

•.

	12/18/2020
The date of each amendment(s) date this document was signed.	adoption:, if other than the
Effective date if applicable:	
<u></u>	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	
	(voting group)
Dated	13/1/2021
Signature	(ky)
selec	director, president or other officer – if directors or officers have not been sed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	ANA MARY REYES FABIAN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)