

P21 0000 99024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

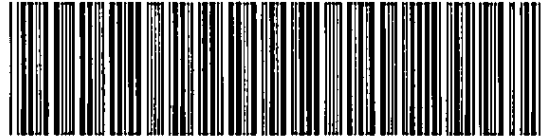
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600377022346

12/01/21--01010--001 \*\*35.00

FILED  
21 DEC -1 AM 9:31  
CLERK OF SUPERIOR COURT

T. LEMIEUX  
DEC 17 2021

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ABA BEHAVIOR SOLUTIONS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P21000098024

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ESTELA D RODRIGUEZ CASTRO

Name of Contact Person

ABA BEHAVIOR SOLUTIONS, INC.

Firm/Company

2118 KISMET PKWY E

Address

CAPE CORAL, FL 33909

City/State and Zip Code

maylin.orozeo@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ESTELA D RODRIGUEZ CASTRO

Name of Contact Person

at ( 786 ) 420-8999

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$35.00 Filing Fee

\$43.75 Filing Fee & Certificate of Status

\$43.75 Filing Fee & Certified Copy

\$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF CORRECTION**

For

ABA BEHAVIOR SOLUTIONS, INC.

\_\_\_\_\_  
Name of Corporation as currently filed with the Florida Dept. of State

P21000098024

\_\_\_\_\_  
Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct ARTICLE V  
\_\_\_\_\_  
(Document Type Being Corrected)

filed with the Department of State on 11/16/2021  
\_\_\_\_\_  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE MIDDLE INITIAL NAME WAS INCORRECT, ESTELA E RODRIGUEZ CASTRO.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correct the inaccuracy, incorrect statement, or defect:

CORRECT NAME: ESTELA D RODRIGUEZ CASTRO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
21 DEC -1 AM 9:31

ESTELA D. RODRIGUEZ CASTRO

(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

ESTELA D RODRIGUEZ CASTRO  
\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT  
\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35.00**