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(City/s	State/Zip/Phon	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON: Positive Possibilitie	es. Inc		
DOCUMENT NUMBER:	N18000012553			
The enclosed Articles of Ar	nendment and fee are sub	omitted for filing.		
Please return all correspond	ence concerning this mat	ter to the following:		
Courtney Festa				
		(Name of Contact F	Person)	
Behavior Saves, Inc (Forme	erly Positive Possibilites,	Inc)		
		(Firm/ Compan	ıy)	
1421 County Road 140				
		(Address)		
Bunnell, Fl 32110				
		(City/ State and Zip	Code)	
positiveposibilities@anima	behaviorrehab.com			
F	-mail address: (to be use	d for future annual re	port notification	1)
For further information cond	cerning this matter, please	e call:		
Courtney Festa		aı	386	264-0845
	(Name of Contact Persor		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	following amount made p	ayable to the Florida	Department of	State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certifi is Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing A	<u>ddress</u>	<u>St</u>	reet Address	

Amendment Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation of

Positive Possibilities, Inc				
(Name of Corporation as currently filed with the Florida	a Dept. of State)	-		_
N18000012553				
(Document Num	nber of Corporatio	n (if known)		
Pursuant to the provisions of section 617.1006, Florida State amendment(s) to its Articles of Incorporation:	utes, this <i>Florida i</i>	Not For Profit Corporation adopts th	ie followii	ng
A. If amending name, enter the new name of the corpor	ration:			
Behavior Saves, Inc			T.	
name must be distinguishable and contain the word "corpo. "Company" or "Co." may not be used in the name.	ration" or "incorp	orated" or the abbreviation "Corp."	The nev or "Inc."	
B. Enter new principal office address, if applicable:	n/a	15 15 14 (1)	2021	_
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>S</u>)	774 774 777 8 78		77
			20	
		<u> </u>		m
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	π/a	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	.: ::	
(Maning dualess MAT BE AT OST OTTICE BOX)			F	_
			_	
		· · · · · · · · · · · · · · · · · · ·		_
D. If amending the registered agent and/or registered of	ffice address in Fl	orida, enter the name of the		
new registered agent and/or the new registered office				
Name of New Registered Agent: n/a				
				-
•	-	(Florida street address)		_
New Registered Office Address:				
n/a		, Florida		
	(City)	(Zip Code)		_
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am		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 X Remove X Add	PT John De V Mike Je SV Sally St	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change Add		n/a	
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti is, if necessary).	cles, enter change(s) here: (Be specific)	
	-		

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	<u> </u>
July 15.2021	
The date of each amendment(s) adoption: July 15.2021 date this document was signed.	, if other than the
July 15 2021	
Effective date if applicable: July 13,2021 (no more than 90 days after a	mondment file datal
(no more inan 90 days after a	тепитені зне ашез
Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	utory filing requirements, this date will not be listed as the

document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Dated	July 17,2021
Dated	
Signatur	T. C.
	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
/	Courtney Festa
į.	(Typed or printed name of person signing)
	(1 yped of printed name of person signing)
	(Typed or printed name of purson similar)