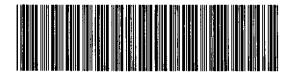
# P14000068184

(Requ	estor's Name)	
(Addr	ess)	
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(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Docu	ment Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	
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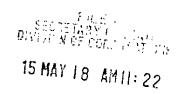
### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DCM BEHAVIOR	THERAPY INC			
DOCUMENT NUMBER: P14000068184				
The enclosed Articles of Amendment and fee are sub	omitted for filing.			
Please return all correspondence concerning this mat	ter to the following:			
DIAMELBA CARBONE M	ARTINEZ			
	Name of Contact Person			
DCM BEHAVIOR THERAP	Y INC			
	Firm/ Company	1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M		
10840 SW 84TH ST APT A1				
	Address			
MIAMI, FL 3317 <b>3</b>				
	City/ State and Zip Code	;		
CDIAMELBA@YAHOO.COM				
	ed for future annual report	notification)		
For further information concerning this matter, please	e call:			
DIAMELBA CARBONE MARTINEZ	at (	_)		
Name of Contact Person	Area Coo	le & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee \$\text{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)		
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**



#### DCM BEHAVIOR THERAPY INC

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

	P14000068184	
(Docun	ment Number of Corporation (if know	vn)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida Profit Corpo</i>	ration adopts the following amendment(s
A. If amending name, enter the new name of the co	orporation;	
		Thenew
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A professional	"incorporated" or the abbreviation l corporation name must contain the
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET ADL</u>	<u>DRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<b>)</b> X)	
	<del></del>	· <del></del>
		168/47
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida, enter	the name of the
	onice address:	
Name of New Registered Agent		
	(Florida street address)	
	•	
New Registered Office Address:	(Citv)	, Florida (Zip Code)
	, ,,	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		bligations 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 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	CARLOS GARCES	10740 SW 84 ST A1	
X Add			. MIAMI, FL 33173	
Remove				
2) Change		_		
Add				
Remove				
3)Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending of adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
The state of the s	
The state of the s	
****	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
SHARES ISSUED TO CARLOS GAR	RCES - VICE PRESIDENT
, , , <u>, , , , , , , , , , , , , , , , </u>	

	05/13/2015	:c .a .a .a
The date of each amendment(s) ad date this document was signed.	option:	if other than the
Effective date <u>if applicable</u> :	05/13/2015	DIVITI NOF CORE TESTIONS
	(no more than 90 days after amendment file date)	15 MAY 18 AM 11: 22
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, partment of State's records.	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amend ficient for approval.	lment(s)
	roved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholder	reholder
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	der
05/13/2015	3	
Dated	$\mathcal{M}$	
Signature	Allong	
selected	rector, president or other officer – if directors or officers have no , by an incorporator – if in the hands of a receiver, trustee, or othed fiduciary by that fiduciary)	
	DIAMELBA CARBONE MARTINEZ	
-	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	