

P14 0000868 27

(Requestor's Name)

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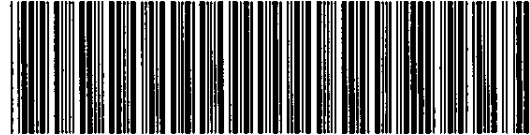
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C. CARROTHERS

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Behavioral Therapeutic Alternatives Corp.  
Name of Corporation

DOCUMENT NUMBER: P 14 0000 86 827

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

Please return all correspondence concerning this matter to the following:

Daisy Martinez  
Name of Contact Person

Firm/Company

6473 SW 158th Passage  
Address

Miami FL 33193  
City/State and Zip Code

dmcivil@Hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daisy Martinez  
Name of Contact Person

at ( 786 ) 444-0578  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

*Void DM  
option 10/27/14*

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

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

*correct  
option  
DM*

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF CORRECTION

For

Behavioral therapeutic alternatives Corp

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

P 14000086827

(Document Number (if known))

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct Corporation Name  
(Document Type Being Corrected)

filed with the Department of State on Oct 22, 2014  
(File Date of Document)

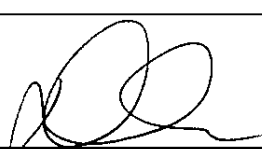
Specify the inaccuracy, incorrect statement, or defect:

Spelling of Name

Behavioral therapeutic alternatives  
Corp.

Correct the inaccuracy, incorrect statement, or defect:

Behavioral therapeutic  
alternatives Corp.

  
(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.)

Daisy Martinez  
(Type or printed name of person signing)

President / Owner  
(Title of person signing)

Filing Fee: \$35.00