P18000022140

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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: ___ Thalamus Professional Learning Center, INC DOCUMENT NUMBER: P18000022140 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Yohandra Solis Name of Contact Person ABA Professional Learning Center, INC Firm/ Company 9884 NW 135th ST Address Hialeah Gardens, FL 33018 City/ State and Zip Code yohandrasolis@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 615-0145
Area Code & Daytime Telephone Number Yohandra Solis Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐\$43.75 Filling Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

Thalamus Professional Learning Center, INC

(Name of	Corporation as currentl	v filed with the Flore	T.Tof. State) M. O. T.O.
P18000022140			=== 5 AM 9: 50
	(Document Number o	f Corporation (if known)	STATE
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06. Florida Statutes, this	Florida Profit Corporation &	adopts the following amendment(s) to
A. If amending name, enter the new nam	ne of the corporation:		
ABA Professional Learning Center, INC			The new
name must be distinguishable and contain th "Inc.," or Co.," or the designation "Cor "chartered," "professional association," o	p." "Inc," or "Co"	professional corporation is	or the abbreviation "Corp"
B. Enter new principal office address, if	andinable	N/A	
(Principal office address MUST BE A STE			
			
C. Parkarana and the salds and founding	blac		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF	<u>(die:</u> F <u>FICE BOX</u>)	N/A	
			
D. If amending the registered agent and/	or registered office addi	ess in Florida, enter the na	me of the
new registered agent and/or the new r			
Name of New Registered Agent	J/A		
_	(Florida str	out zuhleseer	
	:/A	er daaresty	
New Registered Office Address:		(Citv)	_, Florida (Zip Code)
		(Cuit)	17.47 (0.00)
New Registered Agent's Signature, if cha	nging Registered Agent:		
I hereby accept the appointment as registere	ed agent. I am familiar v	with and accept the obligation	ns of the position.
	Signatura of Nove Po	rgistered Agent, if changing	
	aignature of New XI	gistereu agem, y enunging	
Check if applicable			
☐ The amendment(s) is/are being filed purs	suant 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)

Example:

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	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change			
Add			
Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional As (Attach additional sheets, if necessary)	rticles, enter change(s) here:). (Be specific)
N/A	
·	
. If an amendment provides for an ex-	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	RIGHTER THOS CONTEMPED IN the MINCHOSER ISELE.
N/A	

	N/A
The date of each amendment(s)	adoption:, if other than th
date this document was signed.	
	/A
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 50 days after amenament fue 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)	(<u>CHECK ONE</u>)
■ 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 ea	st for the amendment(s) was/were sufficient for approval
by N/A	·
v;	(voting group)
01/31/2 Dated	024
Signature	Mals
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that tiduciary)
	Yohandra Solis
	(Typed or printed name of person signing)
	President/Owner
	(Title of person signing)