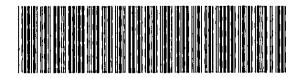
P18000084135

| (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



100331081831

06/34/15-01/99/90/10 **40.70

brumo

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF COR | RPORATION: EDNA Behavioral He | lealth | |
|---------------------|--|--|--------|
| DOCUMENT N | P18000084135 | | |
| The enclosed Art | icles of Amendment and fee are subn | mitted for filing. | |
| Please return all c | correspondence concerning this matter | er to the following: | |
| | Sylvia Multari | | |
| | | Name of Contact Person | _ |
| | EDNA Behavioral Health | | |
| | | Firm/ Company | _ |
| | 4385 Prince Hall Blvd | | |
| | | Address | |
| | Orlando, Fl. 32811 | | |
| | | City/ State and Zip Code | _ |
| F | Ednabehavioralhealth@gmail.com | | |
| <u>.</u> | | d for future annual report notification) | |
| | | , | |
| For further inform | nation concerning this matter, please of | call: | |
| Sylvia Multari | | 321 231-4230 | ć. |
| | ame of Contact Person | at (321) 231-4230 Area Code & Daytime Telephone Numl | ner |
| 14. | and or Contact reison | Area Code & Daytine Telephone Num |)C1 |
| Enclosed is a che | ck for the following amount made pay | syable to the Florida Department of State: | j |
| S35 Filing Fe | ee □\$43.75 Filing Fee & Certificate of Status | S\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S\$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 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | |

Articles of Amendment to Articles of Incorporation

| FIZNH DOPPONIO | | 1,2rc. | | _ |
|--|--------------------------------|--|----------------|-----------------|
| (<u>Name c</u> | of Corporation as currently | filed with the Florida Dept. of State) | | |
| P180000 81 | 4135 | | | |
| | (Document Number of | Corporation (if known) | | |
| Pursuant to the provisions of section 607, its Articles of Incorporation: | 1006, Florida Statutes, this F | Torida Profit Corporation adopts the following | g amendment(s) |) lc |
| A. If amending name, enter the new na | ime of the corporation: | | | |
| NA | | | The new | |
| name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | ation "Corp," "Inc," or "C | " "company," or "incorporated" or the a 'o". A professional corporation name must P.A." | | |
| B. Enter new principal office address, | if annlicable: | NA | | |
| (Principal office address MUST BE A S | | | | |
| | | | | |
| | | | | |
| C Panagan Managadan Managa | ankles | | | |
| C. Enter new mailing address, if appli (Mailing address MAY BE A POST) | | NA | | |
| | - | | | |
| | | | , | |
| | | | <u> </u> | |
| D. If amending the registered agent an | d/or registered office addre | ess in Florida, enter the name of the | ÷ 5 | l • |
| new registered agent and/or the new | | The state of the s | , 1 | بر ز |
| Name of New Registered Agent | Sylvia Multari | | 7 | . c |
| Nume of New Registered Agent | 4385 Prince Hall Blvd | | | n A |
| | (Florida stre | ot addrace) | - 2 | :> |
| | Orlando, Fl 32811 | | الله الله | 71 |
| New Registered Office Address: | | , Florida | Code) | |
| | ı | (29) | zout) | |
| | | | | |
| New Registered Agent's Signature, if c | hanging Registered Agent: | | | |
| I hereby accept the appointment as regist | ered agent. I am familiar w | ith and accept the obligations of the position. | | |
| | | | | |
| | Δ. | | | |
| | Signature of New P. | vistered 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)

_ Remove

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 De | <u>oe</u> | |
|----------------------------|-----------|----------|----------------|-----------------------|
| X Remove | <u>V</u> | Mike Jo | nes | |
| X Add | <u>sv</u> | Sally Sn | <u>nith</u> | |
| Type of Action (Check One) | Title | | Name | <u>Addres</u> s |
| 1) Change | CEO | _ | Kaylon Mallard | 7230 Westpointe blvd. |
| Add | | | | Orlando, Fl. 32835 |
| Remove | | | | |
| 2) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | _ | | |
| Add | | | | |
| | | | | |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |
|---|
| NA |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares. |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) |
| NA |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

| | 6-17-19 | |
|--|--|-------------------------------|
| The date of each amendment(s) | adoption: | , if other than th |
| date this document was signed. | | |
| | 17-19 | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in thi document's effective date on the | s block does not meet the applicable statutory filing requirements, this d Department of State's records. | ate will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were by the shareholders was/were | adopted by the shareholders. The number of votes cast for the amendment sufficient for approval. | (s) |
| | approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s): | ent |
| "The number of votes c | ast for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| , | (voting group) | |
| action was not required. | adopted by the board of directors without shareholder action and sharehold adopted by the incorporators without shareholder action and shareholder | er |
| 6-19-19 | | |
| Dated | | |
| Signature | Arun much | |
| (By sele | a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other consinted fiduciary by that fiduciary) | |
| | Sylvia Multari | |
| | (Typed or printed name of person signing) | |
| | CEO | |
| | (Title of person signing) | |