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2024 SEP 17 PH 2: 5

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: LITTLE HEARTS	BEHAVIOR SUPPORT C	ORP		
DOCUMENT NUM	P19000026526				
The enclosed Article	s of Amendment and fee are su	bmitted for filling.			
Please return all corre	espondence concerning this ma	tter to the following:			
	OSMANY ESTEVEZ GIL				
		Name of Contact Person	1	-	
		Firm/ Company		-	
	3800 NW 201ST TERRACE				
		Address		-	
MIAMI GARDENS, FLORIDA 33055					
		City/ State and Zip Code		2024 SE	
	OSMANY@LITTLEHEAR	SBEHAVIORSUPPORT.	COM	- 22.5g - 5g - 5	
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	on concerning this matter, plea	se call:		2024 SEP 17 PH 2: 58 SECRETARY TELEVISION	
OSMANY ESTEVEZ GIL 786 378-9197					
Name	of Contact Person	Area Coo	de & Daytime Telephone Numbe	: नि	
Enclosed is a check f	for the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ſ	TTT	ELLE	ADTC	REHAVIOR	THOUGHIS	$C \cap PP$

(Name of Corporation as cu	recently filed with the Flori	da Dent of State)	- .	
P19000026526	arrently med with the riorr	da Dept. or State		
	mber of Corporation (if know			
Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation:	es, this <i>Florida Profit Corpor</i>	ration adopts the fol	lowing amendmen	n(s)
A. If amending name, enter the new name of the corporat	ion:			
			Thenew	
name must be distinguishable and contain the word "corporati "Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	'o". A professional corpor	orated" or the abbre ation name must c	eviation "Corp.," ontain the word	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)				
			382	
		<u> </u>	- 10 St	
C. Enter new mailing address, if applicable:				; -
(Mailing address MAY BE A POST OFFICE BOX)				J
				년 기.
			<u> </u>	ე ე
 If amending the registered agent and/or registered office new registered agent and/or the new registered office a 	ce address in Florida, enter ddress:	the name of the	- 4	<i>ሌ</i>
Name of New Registered Agent				
(Flo	orida street address)			
New Registered Office Address:		, Florida	(Zip Code)	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered	Agent:	D	ot .	
I hereby accept the appointment as registered agent. I am fai	miliar with and accept the ob	digations of the posi	HON.	
Signature of	New Registered Agent, if cha	anging		

Check if applicable

☐ The amendment(s) is/are being filed pursuant 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)

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	<u>V</u>	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	CEO	OSMANY ESTEVEZ GIL	3800 NW 201ST TERRACE
X Add			MIAMI GARDENS, FL 33055
Remove			
2) X Change	P	YENISBEL RAMIREZ PUPO	3800 NW 201ST TERRACE
Add			MIAMI GARDENS, FL 33655
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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The date of each amendment(s) as date this document was signed.	07/01/2024 loption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	,	
	(voting group)	
07/01/2024 Dated		S: 20
Signature		174 SEP II SECRIJA TALJAH
selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiductary by that fiduciary)	
	Yenisbel Ramirez Pupo	
	(Typed or printed name of person signing)	FT 89
	President	111
	(Title of person signing)	