## P19000076576

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	BEHAVIOR HEA	LTH THERAF	Y CONSUL	TANTS CORP	
DOCUMENT NUMBER:	P1900007657				
The enclosed Articles of Amer	idment and fee are su	bmitted for fili	ng.		
Please return all correspondenc	ce concerning this ma	itter to the folk	owing:		
	YOHA	N ULICES PE	NARANDA		
		Name of Co	ontact Persor	1	
	BEHAVIOR I	R HEALTH THERAPY CONSULTANTS CORP			
	<del></del>	Firm/ (	Company		
		5939 SW 4TI	1 ST		
	Address				
	MIAMI , FL 33144				
		City/ State	and Zip Code	e	
vp18@	)yahoo.com				
	nail address: (to be us	sed for future a	nnual report	notification)	
For further information concer			,786	226 - 7738	
Name of Conta	at (	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the foll	owing amount made	payable to the	Florida Depa	artment of State:	
	43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified ( (Additional enclosed)	Copy Leopy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address				Address	
Amendment Division of C			Amendment Section		
P.O. Box 632	Division of Corporations The Centre of Tallahassee				
Tallahassee,	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## Articles of Amendment

to Articles of Incorporation				2029	
of				NON V	- 1
BEHAVIOR HEALTH THERAPY CONSULTANTS CORP			<u>·:</u>	(2)	
( <u>Name</u> (	-	filed with the Florida Dept. of State	·:		1 1
	P19000076576		<u> </u>	P	
	(Document Number of	Corporation (if known)	-	ۻ	7
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation adopts the fe	Howing	am <b>end</b> mer	nt(s) to
A. If amending name, enter the new n	ame of the corporation:				
N/A				The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	lorp," "Inc," or "Co". A	professional corporation name must	reviation contain	"Corp.," the word	
B. Enter new principal office address,		N/A 			
(Principal office address MUST BE A S	<u>TREET ADDRESS</u> )				
				<del></del>	
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)		N/A			
			-		
D. If amending the registered agent an					
new registered agent and/or the new					
Name of New Registered Agent	N/A				
	(Florida stre	et address)			
New Registered Office Address:		, Florida,			
New Negisitered Office Address.		City)	(Zip Co	ede)	
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 po.	sition.		
	Signature of New Re	gistered Agent, if changing			
Ch. 1.15					

Check if applicable

 $\square$  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)

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 De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	mith_	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	V	_	BARBARA E PENARANDA	5939 SW 4TH ST
x Add				MIAM FL 33144
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 Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
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)
N/A

•

	09/08/20	
The date of each amendment( date this document was signed.	s) adoption:	, if other than the
	09/08/20	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, to Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholde	er action and shareholder
☐ The amendment(s) was/were by the shareholders was/we	adopted by the shareholders. The number of votes cast for the amend re-sufficient for approval.	ment(s)
	approved by the shareholders through voting groups. The following s for each voting group entitled to vote separately on the amendment(s)	
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voing group)	
09/08/	020	
Dated		
Signature	Qf	
Signature (By	a director, president or other officer – if directors or officers have not	been
sel	ected, by an incorporator - if in the hands of a receiver, trustee, or other	r court
apı	pointed fiduciary by that fiduciary)	
	BANDONA G BENINAGIDA	
	(Typed or printed name of person signing)	
	( ) Nhaman hamman and hamman seemed.	
	VICE PRESIDENT	
	(Title of person signing)	

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