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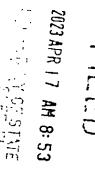
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6/22/23 VIN



COVER LETTER

TO: Amendment Section
Division of Corporations

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EMC HEAL NAME OF CORPORATION:	TH CORPORATION
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	
Please return all correspondence concerning t	his matter to the following:
	
EMC LIMITED COM	Name of Contact Person
8355 W FLAGLER ST	Firm/ Company STE 191
MIAMI, FL 33144	Address
	City/ State and Zip Code
F-mail address: (to	be used for future annual report notification)
E man address. (to	oc used for fittine annual report nonneation)
For further information concerning this matter	please call:
ELIAS MARTINEZ	786 501-9519 at ()
Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a check for the following amount r	nade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, F1, 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

P19000087855	on as currently filed with the F	lorida Dept. of State)	
(Docum	ent Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Florida ts Articles of Incorporation:	Statutes, this Florida Profit Con	rporation adopts the follow	ring amendment(s)
A. <u>If amending name, enter the new name of the co</u> MC BEHAVIOR CORP	rporation:		
ome most be distinged by the			The new
ame must be distinguishable and contain the word "col Inc.," or Co.," or the designation "Corp," "Inc," chartered," "professional association," or the abbrev	or "Co". A professional cor	orporated" or the abbrevia poration name must cont	tion "Corp.," ain the word ~
. Enter new principal office address, if applicable:		ग्री	023
Principal office address MUST BE A STREET ADD	RESS)		
			20
		4.2	7
Enter new mailing address, if applicable:		S. C.	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX	<u></u>		
		771	ယ
			 _
	v -	<u> </u>	
. If amending the registered agent and/or registere	vi office addresse in Disside and		
new registered agent and/or the new registered of	ffice address:	ter the name of the	
	<u></u> ;		
Name of New Registered Agent			
	(Florida street address)		_
New Registered Office Address:		, Florida	
	(City)	(Zip	Code)
ny Dogistania Amari Ci			
w Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I describe the appointment as registered agent.	tered Agent:	the second second	
1 Company of the supposition of	an jamunar wun ana accept the o	orugations of the position.	
C:	ma of Non-David and Lames 12	f	_
Signatu	ire of New Registered Agent, if c	nanging	

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.

Frample:

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
<u>X</u> Add	<u>sv</u>	Sally Si	mith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
l) Change	 .	_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		-		
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
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f an amendment provides for an exch:	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	ndment if not contained in the amendment itself:
(і) пол аррасавіє, такаве хілі)	
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04/12/2023

date this document was signed.	adoption: if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the	s 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.	adopted 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 east for the amendment(s) sufficient for approval.
must be separately provided j	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): st for the amendment(s) was/were sufficient for approval
ELIAS MARTINEZ	si for the amendment(s) was/were sufficient for approval
<u> </u>	(voting group)
04/12/202	23
Dated	
Signature	Est.
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary) ELIAS MARTINEZ
	(Typed or printed name of person signing) PRESIDENT/DIRECTOR
	(Title of person signing)