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2020 NOV -5 PH 3: 09
SECRETARY OF STATE
TALL AND SEFER FI

12/05/20

COVER LETTER

TO: Amendment Sec Division of Cor			<i>x</i> .*			
NA SEE CAR CANDO	PRATION: INDIRA GALIND	O INC				
			**			
DOCUMENT NUN	IBER: P20000021800	· · · · · · · · · · · · · · · · · · ·				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	itter to the following:				
	Jose L Almarales					
		Name of Contact Person	1			
	Professional Services Bookko	eeping Inc				
	Firm/ Company					
	736 NW 22nd Av					
	Address					
	Miami Fl 33125					
	City/ State and Zip Code					
	jose@professionalservicesmiami.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	on concerning this matter, pleas	se call:				
Jose L Almarales		at (<u>305</u>	642-3000			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check t	or 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)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address		Street Address				
	nendment Section	Amendment Section				
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee				
	Habaccon FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

FILED

INDIRA GALINDO INC

2020 NOV _5 DU

INDIKA GALINDO INC	2010 MU1 -2 PH 3: 03	
(Name)	of Corneration as currently filed with the Florida Dept. of State)	
P20000021800 TALLAHASSEE, EL		
	(Document Number of Corporation (if known)	
	(Document Number of Corporation (it known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment	
A. If amending name, enter the new na	ame of the corporation:	
M & C Behavioral Services Inc.	The new	
	n the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," Corp.," "Inc," or "Co". A professional corporation name must contain the word "or the abbreviation "P.A."	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		
	· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if appli	icable.	
(Mailing address MAY BE A POST)		
D. If amending the registered agent an	nd/or registered office address in Florida, enter the name of the	
new registered agent and/or the new		
Name of New Registered Agent	Professional Services Bookkeeping Inc	
<u>Name oj New Kegisterea Ageni</u>	736 NW 22nd Av	
	(Florida street address)	
New Registered Office Address:	Miami . Florida 33125	
	(City) , r longa (Zip Code)	
	·	
New Registered Agent's Signature, if c	thanging Registered Agent: tered agent.—I am familiar with and accept the obligations of the position.	
тистом ассергите прутитет сы геды	crea agent. I am juminas wan and alcept the omigations of the position.	
	y ()	
	Signature of New Registered Agent, if changing	

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 Do	<u>u</u>	
X Remove	\underline{V}	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<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				

Attach additional sheets, if necessary).	les, enter change(s) h (Be specific)	_ _		
				
				
	····			
				
f an amendment provides for an exchaprovisions for implementing the amen	nge, reclassification,	or cancellation of is	sued shares,	
(if not applicable, indicate N/A)	ument it not containe	u in the athenumen	rusen.	
				
		· · · · · · · · · · · · · · · · · · ·		_
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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	ſ	
Effective date if applicable:	10/29/20	
	j 0/39/30 (no more than 90 days after amendment	(file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing re-	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors witho	out shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast fufficient for approval.	For the amendment(s)
	proved by the shareholders through voting groups. The each voting group entitled to vote separately on the a	
"The number of votes case	for the amendment(s) was/were sufficient for approva	al
by		<i>y</i> .
,	(voting group)	-
10/29/2020 Dated		
selecto	irector, president or other officer – if directors or officed, by an incorporator – if in the hands of a receiver, the ted fiduciary by that fiduciary)	
	Frank Remond	
	(Typed or printed name of person signing)
	Prozident	
	(Title of person signing)	