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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	BEHAVIOR	PROFESSION	AL SOLUTIONS INC				
DOCUMENT NUMBER:		000043358					
The enclosed Articles of Amenda	nent and fee are subm	itted for filing.					
Please return all correspondence c	oncerning this matter	to the following:					
	CARLO	5 BRAUD					
		Name of Contact Person	n				
BEHAVE	on mofessio	INAL SOLUTION	54.1MC				
Firm/ Company							
	12401 OBSNEE DR. SUITE 217						
	Address						
	DAVIE, FL 33330						
		City/ State and Zip Cod	e				
	carlosbia	10 Dolombi	3.com				
E-mail	address: (to be used	for future annual report	notification)				
For further information concerning	g this matter please o	eall:					
CARLOS BRI			de & Daytime Telephone Number				
Name of Contact P	erson	Area Co	de & Daytime Telephone Number				
Enclosed is a check for the follow	ing amount made pay	rable to the Florida Depa	artment of State:				
	75 Filing Fee & C	2\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Addres Amendment Sec			Address Iment Section				
Division of Corp		Division of Corporations					
P.O. Box 6327 Tallahassee, FL	32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810					
ranumace, 115	J_J. 1	Tallahassee, F1, 32303					

Articles of Amendment to Articles of Incorporation

BEHAVIOR PROFESSIONAL SOUTIONS INC

(Name of Corporation as currently filed with the Florida Dept. of State)

4 5000	0043338				
(Document ?	Number of Corporation	(if know	n)		17
06, Florida Stat	utes, this <i>Florida Prof</i>	it Corpor	ation adopts t	he follow	بې jing amendmen ن
e of the corpor	ation:				
					The new
p_i " " mc_i " or	"Co". A professiona				tion "Corp.,"
ipplicable <u>:</u> EET ADDRES	<u></u>				
hle:					
FICE BOX)	_ 117	7 H	190WX0	P9.	SUITE 30
		ΑΝΤΑ	NA FL	334	62
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		KV.	20115	306	_
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iging Registere	ed Agent:				
d agent. Tam _e	familiar with and acce	nt the obl	igations of the	eposition.	
Signature	of New Registered Age	nt, if chai	nging	•	_
oig/illitire	ny rien regionereu rige	m, iy chai	"a"'a		
	(Document ? (Docum	e of the corporation: e word "corporation," "company," or o," "Inc," or "Co". A professional the abbreviation "P.A." applicable: FICE BOX) ITA HYPOLUXO (Florida street address) LANTANA (City) reging Registered Agent: d agent. I am familiar with and accept	(Document Number of Corporation (if known)6, Florida Statutes, this Florida Profit Corporation: e word "corporation," "company," or "incorporation," "Inc." or "Co". A professional corporation "P.A." applicable: EET ADDRESS) Die: FICE BOX) ITAA HYPOLUXO RD. (Florida street address) LANTANA (City) aging Registered Agent: d agent. I am familiar with and accept the oble	(Document Number of Corporation (if known) 26. Florida Statutes, this Florida Profit Corporation adopts to e of the corporation: 2 word "corporation," "company," or "incorporated" or the p.," "Inc.," or "Co". A professional corporation name in the abbreviation "P.A." ***Implicable:** **EET ADDRESS** **Details:** **IMPLESS** **IMPLESS**	(Document Number of Corporation (if known) 106, Florida Statutes, this Florida Profit Corporation adopts the following of the corporation: It word "corporation: It word "corporation," "company," or "incorporated" or the abbreviation," "Inc." or "Co". A professional corporation name must content the abbreviation "P.A." Implicable: INTANA FL 334 (INTANA FL

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>e</u>			
X Remove	<u>V</u>	Mike Jo	<u>nes</u>			
X Add	<u>sv</u>	Sally Sn	nith			
Type of Action (Check One)	Title		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						

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	
f an amendment provides for an each	range, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amen	dment file date)
Note: If the date inserted in this block does not meet the applicable statutory fil document's effective date on the Department of State's records.	ing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors action was not required.	without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately or	
"The number of votes cast for the amendment(s) was/were sufficient for a	pproval
by	
(voting group)	
Signature (By a director, president or other officer – if directors of selected, by an incorporator – if in the hands of a receivappointed fiduciary by that fiduciary)	
CARIOS BRAN	
(Typed or printed name of person si	ຊີນເບຣີ)
(Title of person signing)	
(Title of person signing)	