P20 0000 74187

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: A BRIGHTER FU	TURE, BEHAVIOR ANAI	LYSIS SERVICES INC	
	MBER: P20000074187			
The enclosed Articl	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	tter to the following:		
	BLANCA K CARDENAS			
		Name of Contact Person	1	
	A BRIGHTER FUTURE, BEHAVIOR ANALYSIS SERVICES INC			
		Firm/ Company		
	301 SW 182 WAY			
	Address			
	PEMBROKE PINES, FL 33029			
		City/ State and Zip Code	Ľ	
	abrighterfuture_bas@hotmail	l.com		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	tion concerning this matter, plea-	se call:		
BLANCA K CARI	DENAS	at (954	319-2628	
Nam	ne of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐S43.75 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		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee V. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

A BRIGHTER FUTURE BEHAVIOR ANALYSIS SERVICES INC.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name	of Corporation as curre	ntly filed with the Flor	rida Dept. of State)	
P20000074187				
	(Document Number	r of Corporation (if kno	own)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	sis Florida Profit Corpo	oration adopts the follow	ing amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
ELITE FAMILY HOME CARE INC				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Torp, " "Inc, " or "Co".	A professional corpo	porated" or the abbrevia oration name must conta	tion "Corp"
B. Enter new principal office address,	N/A			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)			
				
			 	
C. Enter new mailing address, if applicable:		N/A		
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)			
				<u> </u>
				သူ
D. If amending the registered agent at	nd/or registered office ac	ddress in Florida, ente	er the name of the	
new registered agent and/or the ne				
Name of New Registered Agent	N/A			
				
	(Florida	street address)		
New Registered Office Address:	N/A		. Florida	
in in the grant of the control of th		(City)	 -	Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis	hanging Registered Age tered avent. I am familia	e <mark>nt:</mark> ur with and accept the o	phligations of the position	
		ir van um decept me iz	angunono of the position	•
				_
	Signature of New	Registered Agent, if ch	hanging	

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.

Example:

X Change	<u>PT</u>	John Doc	
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	VP	LUIS RINCON	301 SW 182 WAY
X Add			PEMBROKE PINES, FL 33029
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			- -
4) Change			
Add			
Remove			MA.
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	dditional sheets, if necessary). (Be specific)
/Λ	
_	
If an ar	endment provides for an exchange, reclassification, or cancellation of issued shares,
provis	ons for implementing the amendment if not contained in the amendment itself:
(ij	not applicable, indicate N/A)
'A	
_	

The date of each amendment(s) ado date this document was signed.	ption:	, if other than
N/A Effective date if applicable:		
Effective date it applicable.	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopt action was not required.	ted by the incorporators, or board of directors without share	eholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes east for the a ficient for approval,	imendment(s)
	oved by the shareholders through voting groups. The followich voting group entitled to vote separately on the amenda.	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated 4/3/	2021 Januar	
selected,	ector, president or other officer – if directors or officers have by an incorporator – if in the hands of a receiver, trustee, of I fiduciary by that fiduciary)	re not been or other court
В	LANCA K CARDENAS	
_	(Typed or printed name of person signing)	
P	RESIDENT	
_	(Title of person signing)	 -

the

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