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J. FASON

JUN 3 0 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: OCEAN LOVE A	BA THARAPY CORP			
DOCUMENT NUMI	P21000040523				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	КЕТТҮ М Н	JERTA PEREZ			
	Name of Contact Person				
	OCEAN LOVE ABA THARAPY CORP				
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company			
	27203 SW 157TH AVE				
Address					
	HOMESTEAD, FL, 33031				
		City/ State and Zip Cod	ec		
	kettybeto@yahoo.es				
	• •	sed for future annual report	notification)		
For further informatio	n concerning this matter, plea	se call: at (357- 6284		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 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		Ameno Divisio The C 2415 I	Address Iment Section on of Corporations fentre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation

OCEAN LOVE ABA THARAPY CORP

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

P21000040523

(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the f	following amendment(s
A. If amending name, enter the new name of the corporation:	<u>:</u>	
OCI	EAN LOVE ABA THERAPY CORP	The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". "chartered," "professional association," or the abbreviation "P.	. A professional corporation name must A."	oreviation "Corp" contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr		
Name of New Registered Agent N/A	201	
(Floride	a street address)	
New Registered Office Address:	, Florida	
New Registered Agent's Signature, if changing Registered Ag		(Zip Code)
I hereby accept the appointment as registered agent. I am famili		1921 MAY 2
Signature of New	w Registered Agent, if changing	_ _ਹ
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (1)	Hirtor F.S.	<u>ာ</u> မှ

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	PT	John Doe	
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>	Address
1) Change		_ ~/~	~/4
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

 E. If amending or adding additional Art (Attach additional sheets, if necessary). 	(Be specific)	<u>5) HCC.</u>		
PLEASE ONLY TO CORRECT THE NAM		E ABA THERAP	Y CORP	
			<u></u>	
				···
-				
				
		•	(
F. If an amendment provides for an exclusions for implementing the ame	nange, reclassificat endment if not cont	ion, or cancenau	<u>ion of issued snar</u> endment itsel <u>f:</u>	<u>es.</u>
(if not applicable, indicate N/A)				
			_	
	-			· <u> </u>

	05/12/2021	
The date of each amendment(s) ad	option;	, if other than the
date this document was signed.	walia 1	
 Effective date if applicable:		
	tno more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHEÇK ONE</u>)	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shareholder action and	i shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	or the amendment(s) was/were sufficient for approval	
by		
, _	(voting group)	
05/12/202		re
Dated		2021 Half 21 PM
Signature	form	
(By a di	rysior, prosident or other officer - if directors or officers have not been	2
	by an incorporator – if in the hands of a receiver, trustee, or other court	
appoint	ed fiduciary by that fiduciary)	3
	Ketty M Huerta Perez	ယ္က 🖅
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	