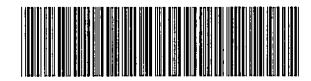
P21000051981

(Req	uestor's Name)	
	ress)	
(Add	ress)	
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(City)	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doo		
(DOC	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

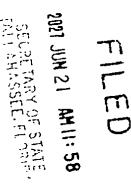
Office Use Only



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articles of currection

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JUL 2 1 2021 A RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

JNF BEHAVIOR THERAPY, INC SUBJECT:		
DOCUMENT NUMBER: P21000051981	Name of Corporation	
Γhe enclosed Articles of Correction and θ	ee are submitted for filing.	
Please return all correspondence concerni	ng this matter to the following:	
Jackeline Nunez Fernandez		
Name of Contact Person		
INF Bahavior Therapy Inc		
Finn Company		
3120 SW 102 Place		
Address		
Miami FL. 33165		
City/State and Zip Code		
yenygalban@gmail.com		
E-mail address: (to be used for luture annual r	report notification)	
For further information concerning this m	atter, please call:	
yeny Galban	305 244-7593	
Name of Contact Person	Alea Code Daytime Telephone Number	
Enclosed is a check for the following amo		
■ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	
□ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section Division of Corporations	
Division of Corporations P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

FILED
2027 JUN 21 AMII: 58

JNF BEHAVIOR THERAPY, INC.

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

rank of Copposition as contently field with the Fibration pept. of Same	HASSEE FI STATE
P21000051981	The Company
Document Number (if Known)	-
Pursuant to the provisions of Section 607.0124, Florida Statutes.	
These articles of correction correct address on new corporation filed	
(Document Type Being Con	rected)
filed with the Department of State on 66/02/2021	
(File Date of Document)	
Specify the inaccuracy, incorrect statement, or defect:	
Wrong Address: 3120 SW 103 Place Miami FL 33165	
<u> </u>	
	<u>.</u>
	····
Correct the inaccuracy, incorrect statement, or defect:	
3120 SW 102 Place Miami, Fl. 33165	
	<u>-</u>
(Signature of a threetor, president or other officer - if directors or officers	have
not been selected, by an incorporator - if in the hands of the receiver, trus other court appointed fiduciary, by that fiduciary.)	dec, or
Jackeline Nunez fernandez Pre	sident
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00