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COVER LETTER

TO: Amendment Section

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Division of Corporations.

NAME OF CORPORATION: LEARN & ENJOY BEHAVIOR SERVICES CORPORATION

DOCUMENT NUMBER: <u>P21000053452</u>

The enclosed Attricles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADA GONZALEZ FLEITAS
Name of Contact Person
LEARN & ENJOY BEHAVIOR SERVICES CORPORATION
Firm Company
300 BAYVIEW DR APT 703
Address
SUNNY ISLES BEACH, FL, 33160
City State and Zip Code
jmontadaochoa@gmail.com

1 -mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HOVARI J MONTADA OCHOA	at (813) 531 4021
Name of Contact Person	Area Code & Davtime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\mathbb{Z} -\$35 Filing Fee	US43.75 Filing Fee &		□\$52.50 Filing Fee
	Certificate of Status	Certified Copy	Certificate of Status
		(Additional copy is	Certified Copy
		enclosed)	(Additional Copy
			is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FI, 32303

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Articles of Amendment to Articles of Incorporation of

LEARN & ENJOY BEHAVIOR SERVICES CORPORATION

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

P21000053452

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co	". A professional corpor	orated" or the abbreviation "Corp.," ation name must contain the word
B. <u>Enter new principal office address</u> , (Principal office address <u>MUST BE A S</u>		N/A	<u> </u>
			· · · · · · · · · · · · · · · · · · ·
C. <u>Enter new mailing address, if appli</u> (Mailing address <u>MAY BE A POST</u>)		N/A	
D. <u>If amending the registered agent an</u> new registered agent and/or the new			the name of the
Name of New Registered Agent	N/A		
	(Flori	da street address)	
<u>New Registered Office Address:</u>	N/A	(Ciny)	$\underbrace{N/A}_{(Zip Code)}$
		10407	$TAP \cup OOC$

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

□ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c). 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: U. Vice President: T. Treasurer, S. Secretary: D. Director: TR. Trustee: C. Chairman or Clerk: CEO Unof Executive Officer, CFO Chief Financial Officer. If an officer director holds more than one tule, 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 U 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>P1</u> John Doe X Remove V Mike Jones X Add ŞΥ Sally Smith Type of Action <u>] itle</u> <u>Name</u> Address (Check One) CEO 300 BAYVIEW DR APT 703 HOVARI J MONTADA OCHOA 1) Change $\mathbf{X}_{\mathbf{x}}$ Add SUNNY ISLES BEACH, FL, 33160 Remove 2) ____ Change Add Remove 3) ____ Change ____ Add ____Remove 4) ____ Change ____ Add ____ Remove ŝ, Change ____ Add ____ Remove 6) ____ Change . _ _ Add ___ Remove

 (Attach addition) 	or adding additional Art onal sheets, if necessary).	(Be specific)			
N/A					
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F. If an amendr	ment provides for an excl	nange, reclassification, o	r cancellation of issued	shares,	
provisions f	or implementing the ame	ndment if not contained	<u>l in the amendment itse</u>	<u>lf:</u>	
(if not a	pplicable, indicate N/A)				
N/A					
	,		······································		
					
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	N/A	10 million share she
The date of each amendment date this document was signed.	•	, if other than the
Effective date if applicable:	N/A	
meetine date <u>mappicante</u> r	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will he Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareholder action and	shareholder
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

.

N/.	A
·	(voting group)
	06/15/2021
	Dated
	Signature
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	ADA GONZALEZ FLEITAS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)