## P2200003125

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SAMSOSA BEHA	VIOR SERVICES INC			
DOCUMENT NUME	BER: P22000003125				
	of Amendment and fee are sub	mitted for filing.			
Please return all corres	spondence concerning this mat	ter to the following:			
	SOSA, SAMANTHA M				
		Name of Contact Person			
		Firm/ Company			
	13421 SW 268 TERR				
		Address			
	HOMESTEAD, FL 33032				
		City/ State and Zip Code			
	sosas0305@yahoo.com				
	E-mail address: (to be us	ed for future annual report	notification)	2023 SEC	
For further informatio	n concerning this matter, pleas	ce call:		2023 MAY -3 PH 2: 49 SECRETARY OF STATE TALLAHASSEE, FL	T
Samantha Sosa		786 at (	470-4615	RY C	
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	: 49 STATE : FL	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	, .	
	iling Address endment Section		Address Iment Section		

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

SAMSOSA BEHAVIOR SERVICES INC		
(Name of Corporation as currently	y filed with the Florida Dept. of St	ate)
P22000003125		
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the	ne following amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "c". "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the professional corporation name n	abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:		SE 202
Name of New Registered Agent		2023 MAY -3 P SECRETARY C TALLAMASS
(Florida str	eet address)	SO ->
New Registered Office Address:	(City) , Flori	da Clip Godel :
		∰ <del>1</del>
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w		e position
Thereby decept the appointment as registered agent. I am jaminar w	and decept the obligations by the	. posmon.

Signature of New Registered Agent, if changing

Check if applicable

<sup>☐</sup> 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)

Remove

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 = ChiefExecutive 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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Namç	Address
1) Change	V	Valia Lantigua	13421 SW 268th Ter
X Add			
Ксточе			Homestead, FL 33032
2) Change			
Add			
Remove 3) Change			
Add			
Remove			SECRET TAILA
4) Change	-		- $        -$
Add			
Remove			
5) Change			ATE ATE
Add			
Remove			
6) Change			
Add			

Attach additional sheets, if necessary). (Be specific)	
	-
<u> </u>	
f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
	38
	78
	<u>55 ≺</u>
	SECRETARY OF STATE TALLAHASSEE FL
	± ₹
	<del></del>

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
(no more	e than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the locument's effective date on the Department of State's re-	ne applicable statutory filing requirements, this date will not be listed as the cords.
Adoption of Amendment(s) (CHECK ON	<u>E</u> )
The amendment(s) was/were adopted by the incorporat action was not required.	tors, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for approval.	ers. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharehold must be separately provided for each voting group ent	
"The number of votes cast for the amendment(s)	was/were sufficient for approval
by(voting group)	<del></del>
	her officer – if directors or officers have not been if in the hands of a receiver, trustee, or other court duciary)
	7-Tha Mayir Sosa printed name of person signing)
	SECRETARY OF STATE TALLAHASSEE, FL
	PH 2: 49 OF STATE SEE, FL