(Requestor's Name)	
(Address)	6003899
(Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	06/27/220164
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	·

Office Use Only



22226

41--007 **52.58

SEP 11 - 2022

D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATIO	N: JB	BEHAUIONAL	Solutions Inc	
DOCUMENT NUMBER: _	P226001	027775		
The enclosed Articles of Ame	ndment and fee are su	abmitted for filing.		
Please return all corresponder	ice concerning this ma	atter to the following:		
•	Jongs S	ILUA FERRER	A	
		Name of Contact Person	n	_
		Ston		_
1	3 5.4 Ci.,	Firm/ Company		
14.	826 JW	or address	ale	_
	HIAM. R	33/93		
	namy y 2	82 nd Tery Address 33193 City/ State and Zip Cod	e	
		vA 808 @ OUT) sed for future annual report		
For further information conce	rning this matter, pleas	se call:		
Jon 6E S	ILVA FERREN	1 at (33 193 Area Co	786 307 Side & Daytime Telephone Numb	<u> </u>
Enclosed is a check for the fol	lowing amount made	pavable to the Florida Depa	artment of State:	72 -
_				
	\$43.75 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)	P. 9: 37
Mailing Ad			Address	
Amendment Division of	Section Corporations		ment Section on of Corporations	
P.O. Box 63	27	The C	entre of Tallahassee	
Tallahassee,	FL 32314		N. Monroe Street, Suite 810 assee. FL 32303	

Articles of Amendment

to

Articles of Incorporation

of

JB Bahavioral Sal	filed with the Florida Dept. of State)		
) P320000 377	7 5	
88-148793 (Document Number of Company Number of	<u></u>	12	
	. , ,		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Faits Articles of Incorporation:	Jorida Profit Corporation adopts the following	amendme	nt(s) to
A. If amending name, enter the new name of the corporation:			
		The new	
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation	"Corp.,"	
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		78	
		7	
		7.2	•
C. Enter new mailing address, if applicable:		2	-1
(Mailing address MAY BE A POST OFFICE BOX)	-	====	; !
	<u> </u>	<u>۔۔۔</u>	آمدہ -
		رر) <u>اس</u>	
D. If amending the registered agent and/or registered office addres	ss in Florida, enter the name of the	•	
new registered agent and/or the new registered office address:			
Name of New Registered Agent			
(Florida stree	address)		
New Registered Office Address:	. Florida		
	ity) (Zip Co	ide)	
Nam Danistand America Cinnas of the control of the			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.		
Signature of New Page	istered Agent, if changing		
Signature of New Neg	marca Agent, ij enunging		

Check if applicable

[☐] 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)

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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	Address Cul 22 M Teams
1) X Change	P JORGE SILVA FERRERA	14826 SW 82 nde Tetroce
Add		
Remove		
2) Change	P SILVA FERRERA	14826 SW 82nd toms
Add		
Remove 3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Kemove		

Attach additional sheets, if necessary).	. (Be specific)
<u> </u>	
_	
	
	
-	
_	
	change, reclassification, or cancellation of issued shares, sendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	tendment is not contained in the amendment usen.
N/A	
, , , , , , , , , , , , , , , , , , , ,	
	···

The date of each amendment(s) adoption: 06/20/2022 . if other than to date this document was signed.
Effective date if applicable: OS/20/20/20 (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
**The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were 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
by
(voting group)
Dated 06/20/2022
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)
TORGE SILVA FERRENA (Typed or printed name of person signing)
(Typed or printed name of person signing) PRESIDENT
(Title of person signing)