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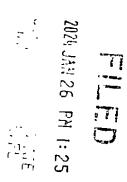
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION:	ARRIER SERVICES INC				
DOCUMENT NUMB	ER:					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	CINDEL SALCEDO					
-		Name of Contact Person				
		Firm/ Company				
	6165 W 22ND CT APT 107					
•		Address				
	HIALEAH, FL 33016					
		City/ State and Zip Code	:			
	CINDELSALCEDO@YAH	OO.ES				
•	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
CINDEL SALCEDO		at (521-3723 de & Daytime Telephone Number			
Name of Contact Person		Area Coo	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	S43.75 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

Articles of Amendment to Articles of Incorporation of

FILE)	
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XCELLENCE CARRIER SERVICES INC (Name of Corporation as currently filed with the Florida De 22000045082	- Hamilton
	pt. of State 924 JAN 25 PM 1.
(Document Number of Corporation (if known)	I_{i}
arsuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> Articles of Incorporation:	adopts the following amendment(s) to
. If amending name, enter the new name of the corporation;	
XCELLENCE BEHAVIOR SERVICES INC	The new
ume must be distinguishable and contain the word "corporation," "company," or "incorporated lnc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation chartered," "professional association," or the abbreviation "P.A."	f" or the abbreviation "Corp.," name must contain the word
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office address in Florida, enter the new registered agent and/or the new registered office address:	ame of the
Name of New Registered Agent	-
(Florida street address)	
	, Florida
New Registered Office Address: (City)	(Zip Code)

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:

 $P = President; \ \hat{V} = Vice President; \ \hat{T} = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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	ᅋ	John Do	ç						
X Remove	Y	Mike Jor	nes						
_X Add	<u>sv</u>	Sally Sm	<u>rith</u>						
Type of Action (Check One)	<u>Title</u>		<u>Name</u>				<u>Addres</u> s		
1) Change		_		<u> </u>	 	-			
Add						-			
Remove						-			
2) Change		_			 	-			
Add							<u> </u>		
Remove 3) Change		_			 	-			
Add						-			
Remove						-			
4) Change		_			 	-			
Add								<u> </u>	
Remove						-			
5) Change		_			 	-	<u></u>		
Add						,			 _
Remove						-			
6) Change		_			 	-			
Add									 _
Remove						-			

	ttach additional sheets, if necessary). (Be specific)				
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in amendment p			tatised in the and		
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The date of each amendment	(s) adoption:, if other than
date this document was signed	
	1/18/2024
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in document's effective date on t	his block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/we by the shareholders was/w	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
☐ The amendment(s) was/we must be separately provide	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
"The number of vote:	east for the amendment(s) was/were sufficient for approval
by	<u> </u>
, -	(voting group)
1/18/	024
Dated	$\overline{\Omega_{i}^{*}}$ Ω_{i}
Signature _	y a director, president or other officer - if directors or officers have not been
	lected, by an incorporator – if in the hands of a receiver, trustee, or other court
	pointed fiduciary by that fiduciary)
•	CINDEL SALCEDO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)