## P2200008767E

Office Use Only



400422175194

01/22/24--01034--008 \*\*43.75



## COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR                                                                                 | RATION: BEHAVIOR KEY                        | THERAPY INC                                                        |                                                                                                           |  |  |  |  |
|------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--|--|--|--|
| DOCUMENT NUMBER: P22000087678                                                                  |                                             |                                                                    |                                                                                                           |  |  |  |  |
| The enclosed Articles of Amendment and fee are submitted for filing.                           |                                             |                                                                    |                                                                                                           |  |  |  |  |
| Please return all corres                                                                       | pondence concerning this ma                 | tter to the following:                                             |                                                                                                           |  |  |  |  |
|                                                                                                | YENNY DE LA CARIDAD BALLESTEROS TORRES      |                                                                    |                                                                                                           |  |  |  |  |
|                                                                                                | Name of Contact Person                      |                                                                    |                                                                                                           |  |  |  |  |
|                                                                                                | BEHAVIOR KEY THERAPY INC                    |                                                                    |                                                                                                           |  |  |  |  |
|                                                                                                | Firm/ Company                               |                                                                    |                                                                                                           |  |  |  |  |
|                                                                                                | 1275 W 47 PL STE 324                        |                                                                    |                                                                                                           |  |  |  |  |
|                                                                                                | Address                                     |                                                                    |                                                                                                           |  |  |  |  |
|                                                                                                | HIALEAH, FL 33012                           |                                                                    |                                                                                                           |  |  |  |  |
|                                                                                                | <del></del>                                 | City/ State and Zip Cod                                            | e                                                                                                         |  |  |  |  |
|                                                                                                | behaviorkeytherapy@gmail.c                  | com                                                                |                                                                                                           |  |  |  |  |
|                                                                                                | E-mail address: (to be us                   | ed for future annual report                                        | notification)                                                                                             |  |  |  |  |
| For further information                                                                        | concerning this matter, pleas               | se call:                                                           |                                                                                                           |  |  |  |  |
| YENNY DE LA C. B.                                                                              | ALLESTEROS TORRES                           | 786<br>at (                                                        | 908-7371                                                                                                  |  |  |  |  |
| Name o                                                                                         | f Contact Person                            |                                                                    | de & Daytime Telephone Number                                                                             |  |  |  |  |
| Enclosed is a check for                                                                        | the following amount made                   | payable to the Florida Depa                                        | artment of State:                                                                                         |  |  |  |  |
| ☐ \$35 Filing Fee                                                                              | \$43.75 Filing Fee & Certificate of Status? | ☐\$43.75 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 |                                             | Amend<br>Divisio<br>The Co<br>2415 N                               | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303 |  |  |  |  |

## Articles of Amendment to Articles of Incorporation of

to

## BEHAVIOR KEY THERAPY INC

| (Name of Corporation a                                                                                                                                                          | s currently filed with the Fl                              | orida Dept. of State)                                                  |                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------------------|----------------------|
| P22000087678                                                                                                                                                                    |                                                            |                                                                        |                      |
| (Document                                                                                                                                                                       | Number of Corporation (if ki                               | nown)                                                                  |                      |
| Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:                                                                                       | stutes, this Florida Profit Cor                            | poration adopts the following amen                                     | dment(s              |
| A. If amending name, enter the new name of the corpo                                                                                                                            | oration:                                                   |                                                                        |                      |
| name must be distinguishable and contain the word "corpo<br>"Inc.," or Co.," or the designation "Corp," "Inc," or<br>"chartered," "professional association," or the abbreviate | "Co". A professional cor,                                  | The orporated or the abbreviation "Corporation name must contain the w | ·                    |
| B. Enter new principal office address, if applicable:                                                                                                                           |                                                            | 20 20                                                                  | _                    |
| (Principal office address <u>MUST BE A STREET ADDRE.</u>                                                                                                                        | <u>SS</u> )                                                |                                                                        | <b>≈</b> (17)        |
|                                                                                                                                                                                 |                                                            | 75-<br>70                                                              | الطالة (<br>الطالة ( |
|                                                                                                                                                                                 |                                                            |                                                                        | — :<br>              |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                                                                         |                                                            |                                                                        | य -<br>              |
| <u></u> ,                                                                                                                                                                       |                                                            |                                                                        | _ `                  |
|                                                                                                                                                                                 | <del>-</del>                                               |                                                                        | _                    |
|                                                                                                                                                                                 |                                                            | ·- · · · · · · · · · · · · · · · · · ·                                 | _                    |
| D. If amending the registered agent and/or registered of                                                                                                                        |                                                            | ter the name of the                                                    |                      |
| new registered agent and/or the new registered offic                                                                                                                            | ce address:                                                |                                                                        |                      |
| Name of New Registered Agent                                                                                                                                                    |                                                            |                                                                        |                      |
|                                                                                                                                                                                 |                                                            | <del>-</del>                                                           |                      |
|                                                                                                                                                                                 | (Florida street address)                                   |                                                                        |                      |
| New Registered Office Address:                                                                                                                                                  | (City)                                                     | , Florida(Ziv Code)                                                    | _                    |
|                                                                                                                                                                                 | , ,,                                                       | ,,                                                                     |                      |
| New Registered Agent's Signature, if changing Register<br>I hereby accept the appointment as registered agent. I am                                                             | r <mark>ed Agent:</mark><br>a familiar with and accept the | obligations of the position.                                           |                      |
|                                                                                                                                                                                 |                                                            |                                                                        |                      |
| Simature                                                                                                                                                                        | of New Registered Agent, if                                | chanaina                                                               |                      |
| Cograma C                                                                                                                                                                       | ay in a meganirea ngent, if                                | 5,111,511,511                                                          |                      |

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                   | <u>PT</u>       | John Doe               |                      |
|----------------------------|-----------------|------------------------|----------------------|
| X Remove                   | $\underline{V}$ | Mike Jones             |                      |
| X Add                      | <u>sv</u>       | Sally Smith            |                      |
| Type of Action (Check One) | Title           | <u>Name</u>            | <u>Addres</u> s      |
| l) Change                  | Р               | ANABEL PEREZ SOTOLONGO | 1275 W 47 PL STE 324 |
| X Add                      |                 |                        | HIALEAH, FL 33012    |
| Remove                     |                 |                        | <del></del>          |
| 2) Change                  |                 |                        |                      |
| Add                        |                 |                        |                      |
| Remove Change              |                 | <u> </u>               |                      |
| Add                        |                 |                        |                      |
| Remove                     |                 |                        |                      |
| 4) Change                  |                 | <del>-</del> -         |                      |
| Add                        |                 |                        |                      |
| Remove                     |                 |                        |                      |
| 5) Change                  |                 |                        |                      |
| Add                        |                 |                        |                      |
| Remove                     |                 |                        |                      |
| 6) Change                  |                 |                        |                      |
| Add                        |                 |                        |                      |
| Remove                     |                 |                        | <del></del>          |
| Kemove                     |                 |                        |                      |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| By this means Yenny De La Caridad Ballesteros Torres and Anabel Pérez Sotolongo, both presidents of                                                                                                                     |
| Behavior Key Therapy, Inc., decided to establish a contract where both have equal profits and expenses                                                                                                                  |
| of 50% for each of the presidents.                                                                                                                                                                                      |
| That both have equal responsibility for the work of Behavior Key Therapy, Inc. and decide to make                                                                                                                       |
| decisions in unanimous agreement.                                                                                                                                                                                       |
| If one of the presidents dies or ceases to have full decision-making capacity, the decisions and                                                                                                                        |
| responsibilities with the agency are passed on to her closest relatives. Such is the case that in Anabel                                                                                                                |
| Pérez Sotolongo it will pass to her children (Kiara Luzauri Alcántara Pérez and Eydan Daniel Soto Pérez)                                                                                                                |
| and in the case of Yenny De la Caridad Ballesteros Torres will pass the responsibility and decisions to her                                                                                                             |
| children Rodolfo Carlos Vázquez Ballesteros and Claudia Vázquez Ballesteros (children) and Rodolfo                                                                                                                      |
| Vázquez Rodríguez (husband)                                                                                                                                                                                             |
| That decisions in a general way be made in unanimous agreement between both presidents if it is                                                                                                                         |
| decided to end the agency Behavior Key Therapy, Inc                                                                                                                                                                     |
|                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                         |
| F. If 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) |
|                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                         |

| The date of each amendment(s) a date this document was signed.        | doption:                                                                                                                                                                        | , if other than the                 |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 2                                                                     |                                                                                                                                                                                 |                                     |
| Effective date if applicable:                                         | (no more than 90 days after amendment file date)                                                                                                                                |                                     |
| Note: If the date inserted in this document's effective date on the D | block does not meet the applicable statutory filing requirements, epartment of State's records.                                                                                 | this date will not be listed as the |
| Adoption of Amendment(s)                                              | (CHECK ONE)                                                                                                                                                                     |                                     |
| ☐ The amendment(s) was/were ad action was not required.               | opted by the incorporators, or board of directors without sharehold                                                                                                             | er action and shareholder           |
| ■ The amendment(s) was/were ad<br>by the shareholders was/were s      | opted by the shareholders. The number of votes east for the amend ufficient for approval.                                                                                       | lment(s)                            |
|                                                                       | proved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s)                                              |                                     |
| "The number of votes case                                             | for the amendment(s) was/were sufficient for approval                                                                                                                           |                                     |
| by                                                                    |                                                                                                                                                                                 |                                     |
|                                                                       | (voting group)                                                                                                                                                                  |                                     |
| 01/01/202<br>Dated                                                    | auu l                                                                                                                                                                           |                                     |
| (By a c                                                               | irector president or other officer – if directors or officers have not d, by an incorporator – if in the hands of a receiver, trustee, or othe ted fiduciary by that fiduciary) | been<br>er court                    |
|                                                                       | YENNY DE LA CARIDAD BALLESTEROS TORRES                                                                                                                                          |                                     |
|                                                                       | (Typed or printed name of person signing)                                                                                                                                       | ·                                   |
|                                                                       | PRESIDENT                                                                                                                                                                       |                                     |
|                                                                       | (Title of person signing)                                                                                                                                                       |                                     |