P23000014150

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CHARMING SMI	LES BEHAVIOR INC	
DOCUMENT NUM	P23000014150		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	MARIUSKA BRITO		
		Name of Contact Persor	n
	BRITO TAX AND ACCOUN	NTING CORP	
	Firm/ Company		
	1695 NW 110TH AVE, STE	214	
		Address	
	MIAMI, FL 33172		
	***	City/ State and Zip Cod	e
	maldonadomery990@gmail.c	com	
	E-mail address; (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
MARIUSKA BRITO)	at (354-7694
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Dep	artment of State:
\$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio The C 24151	Address Iment Section on of Corporations centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

í	CHA	RMINC	i SAIII	FS	REHAVIOR	-INC

CHARMING SMILES BEHAVIOR INC			
(Name	of Corporation as currentl	y filed with the Florida Dept.	of State) [1.1 2: 50
P23000014150			
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation add	opts the following amendment(s'
A. If amending name, enter the new n	ame of the corporation:		
.			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc." or "Co". A		
B. Enter new principal office address,		N/A	
(Principal office address MUST BE A S			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	
(Mailing address MAT BE A POST	OFFICE BOX)		
D. If amending the registered agent ar	nd/or registered office addu	ess in Florida, enter the name	e of the
new registered agent and/or the ne			<u>c or the</u>
Name of New Registered Agent	MERY MALDONADO		
Production and the second section and the second section and second section se	N/A		
	(Florida str	vet address)	
New Registered Office Address:			Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	<u>hanging Registered Agent:</u> tered agent. I am familiar v	: with and accept the obligations	of the position.
	, and a second s	, ,	
	Ciematina of Man D	egistered Agent, if changing	
	signature of New K	идімегеа мдені, іј спандінд	
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		Mike Jones	
X Add		Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Р	FRANCISCA MALDONADO	15480 SW 284TH ST
Add		1	HOMESTEAD, FL 33033
X Remove 2) Change	P	MERY MALDONADO	15480 SW 284TH ST, UNIT 2302
X Add			HOMESTEAD, FL 33033
Remove Change			
Add			
Remove 4) Change			
Add			
Remove			
5) Change Add			
Remove			
6) Change			
Add			

	additional sheets, if necessary). (Be specific)
/Λ	
<u></u>	· · · · · · · · · · · · · · · · · · ·
If an a	endment provides for an exchange, reclassification, or cancellation of issued shares,
provi	ons for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)
/A	ио присане, такие эту

	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requirement of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE)</u>	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the an afficient for approval.	nendment(s)
•	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	• •
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<u></u>	
-	(voting group)	
10/30/2024 Dated	Jenu Haldonado	
(By a c selecte	rector president or other officer – if directors or officers have d, by an incorporator – if in the hands of a receiver, trustee, or ted fiduciary by that fiduciary)	
	MERY MALDONADO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	····