P24000049599

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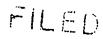
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: REFLECTION A	CTS BEHAVIORAL CEN	TER INC			
	BER: P24000049599					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	atter to the following:				
	Yerisbel Garcia					
	Name of Contact Person					
	Firm/ Company					
	4916 Halifax Dr					
	Address					
	Tampa F1, 33615	City/ State and Zin Cov	£.,			
	City/ State and Zip Code					
	rabe@reflectionsbehavioral.net E-mail address: (to be used for future annual report notification)					
For further information	on concerning this matter, plea) 317-9125 ode & Daytime Telephone	ĄĘI	202	
Name of Contact Person		Area Co	ode & Daytime Telephone	Number	_ ≜	ŢΥı
Enclosed is a check for	or the following amount made	payable to the Florida Dep	partment of State:	I/vss:	2024 AUG 19	() (1)
S35 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)	HASSEE, FLORI	PM 2: 13	ON VED
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		810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



REFLECTION ARTS BEHAVIORAL CENTER INC	2024 AUG 19 AM 10: 34
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P24000049599	10 10 10 10 10 10 10 10 10 10 10 10 10 1
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the 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," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	'company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	6601 MEMORIAL HWY TAMPA, FL 33615
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUITE 305
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of the
new registered agent and/or the new registered office addres	
Name of New Registered Agent	
tFlorida s	treet address)
Name Boundary and Coffine Colds and	. Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	it:
Thereby accept the appointment as registered agent. I am familian	with and accept the oringations of the position.
Signature of New	Registered Agent, if changing

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)

Example:

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 Doc 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			<u> </u>
Add			
Remove 3) Change		· .	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ecessary). (Be spe	er change(s) here: ecific)			
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			•		
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f an amendment provides provisions for implementi	for an exchange, re	classification, or car if not contained in the	ncellation of issued he amendment itse	shares, If:	
provisions for implementing	ng the amendment	classification, or car if not contained in t	ncellation of issued he amendment itse	shares, lf:	
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The date of each amendment(s) adoption:date this document was signed.	, if other than
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	s, this date will not be listed as
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareho action was not required.	older action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	endment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
08/16/2024 Dated	
Signature	
(By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or eappointed fiduciary by that fiduciary)	
Yerishel Garcia	
(Typed or printed name of person signing)	
Director	

(Title of person signing)

the

the