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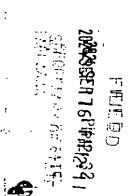
(Requestor's Name)
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(0.4), 0.00.0.2, p. 1.00.0.7,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

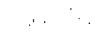
Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassec, 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

ABA Solutions A	For Austin By ADBC, Inc.
(Name of Corporation as e	currently filed with the Florida Dept. of State)
12400005	50 9 9 9
(Document N	Jumber of Corporation (if known)
·	•
rsuant to the provisions of section 607.1006, Florida Statut Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment
If amending name, enter the new name of the corpora	ation:
APA Solutions for Autis	sm 64 ADBO Inc. The new
me must be distinguishable and contain the word "corporat	tion," "company," or "incorporated" or the abbreviation "Corp.,"
nc.," or Co.," or the designation "Corp," "Inc," or " hartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the word n "P.A."
Enter new principal office address, if applicable:	
rincipal office address <u>MUST BE A STREET ADDRESS</u>	(2
	SE 2021
Enter new mailing address, if applicable:	<u> </u>
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	P
If amending the registered agent and/or registered off	
new registered agent and/or the new registered office a	address:
Name of New Registered Agent	
ıFI -	lorida street address)
New Registered Office Address:	, Florida
New Registered Villac Haaress.	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered	
nereby accept the appointment as registered agent. I am fa	amiliar with and accept the obligations of the position.
Sienature o	of New Registered Agent, if changing
•	
heck if applicable	
The amendment(s) is/are being filed pursuant to s. 607.01	F20 (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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			 ·
Add			
Remove			

Attach <i>additional sheets</i> ,	if necessary).	(Be specific)				
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			<u> </u>	<u> </u>		
						
			<u>-</u>			
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f an amendment provide provisions for impleme	des for an exch	ange, reclassifi	cation, or cance	<u>llation of issued</u> amendment itse	<u>shares,</u> If:	
(if not applicable, is			ymuu tu tu			
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	- ·-					
		<u>-</u>				<u>-</u>
						

The date of each amendment(s) ac	ontion:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amo	ndment file date)
Note: If the date inserted in this b document's effective date on the De		iling requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of director	s without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of vote fficient for approval.	es cast for the amendment(s)
	roved by the shareholders through voting gro each voting group entitled to vote separately	
"The number of votes cast	or the amendment(s) was/were sufficient for	approval
by	(voting group)	"
	(voting group)	
Dated <u>Of Ol</u> Signature	2024	
	rector, president or other officer – if directors , by an incorporator – if in the hands of a rec	
	ed fiduciary by that fiduciary)	erver, trastee, or other court
	Anelys Del Busto	
	(Suped or printed name of person	signing)
	+603ident	
	'(Title of person signing)	