## P24000056827

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ABA BEHAVIOR	SUPPORT SERVICES IN	C	
DOCUMENT NUMI	P24000056827			
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	MARIA E. ROSABAL		•	
		Name of Contact Person	]	
	ABA BEHAVIOR SUPPORT SERVICES INC			
	# 1995	Firm/ Company	<del></del>	
	4300 S SEMORAN BLVD #203			
		Address		
	ORLANDO FLORIDA 3282	2		
		City/ State and Zip Code	2	
	ababehavior@yahoo.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
MARIA E. ROSABA	AL.	at ( 407	923-5889	
Name	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for	or 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)	☐\$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		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 BEHAVIOR SUPPORT SERVICES INC.

(Name of Corporation as curi	rently filed with the Florida	Dent of State)
P24000056827		Dipit Withday
(Document Numb	ber of Corporation (if known)	<del></del>
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporati	on adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation	<u>n:</u>	
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 "F	". A professional corporati	The new need or the abbreviation "Corp" on name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
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 new registered agent and/or the new registered office add	address in Florida, enter the lress:	e name of the
Name of New Registered Agent		
	la street address)	
	ia street aaaress)	
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent of the Appointment as registered agent. I am family	gent: liar with and accept the obliga	ntions of the position.
Signature of Ne	w Registered Agent, if change	ing
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:

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>	Name	<u>Addres</u> s
I) X Change	P	YISEL RODRIGUEZ MILIAN	4333 MATTITUCK CIR
Add			ORLANDO FLORIDA 32829
Remove			***
2) X Change	VP	MARIA E. ROSABAL	5461 CONWAY POINTE CT
Add			ORLANDO FLORIDA 32812
Remove 3) Change			
Add			
Remove			
4) Change			
Adđ			
Remove			
5)Change			
Add			
Remove			
6) Change			

If amending or adding addi Attach additional sheets, if n	ecessary). (B	e specific)				
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f an amendment provides f	for an exchang	e, reclassificat	ion, or cancell	ation of issue	d shares,	
provisions for implementing (if not applicable, indicable)	ig the amendn atc N/A)	ient if not conf	tained in the ai	mendment its	<u>elf:</u>	
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	09/20/2024	
The date of each amendment(s) addate this document was signed.	doption:	, if other than the
09/2	0/2024	
Effective date if applicable:	(no mora than 00 c	lays after amendment file date)
	(no more than 90 a	ays after amenament file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable partment of State's records.	ole statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add action was not required.	opted by the incorporators, or box	ard of directors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su		umber of votes cast for the amendment(s)
		gh voting groups. The following statement te separately on the amendment(s):
	for the amendment(s) was/were	
bv		,"
	(voting group)	
09/20/2024		
M.	is F Poschol.	
(By a di selected	rector, president or other officer	- if directors or officers have not been ands of a receiver, trustee, or other court
	MARIA E. ROSABAL	
	(Typed or printed na	me of person signing)
	VICE PRESIDENT	
	(Title of person signi	ng)