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724000062336

| (Requestor's Name) | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| (Address) | | | | | | | | |
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| (City/State/Zip/Phone #) | | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | | |
| (Business Entity Name) | | | | | | | | |
| (Document Number) | | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION:Alma Behavior | ral Therapy INC |
|--|--|
| DOCUMENT NUMBER: P24000062336 | |
| The enclosed Articles of Amendment and fee are sub | bmitted for filing. |
| Please return all correspondence concerning this mat | tter to the following: y R. Villegas Figueroa |
| July Villes | Name of Contact Person Alma Behavioral Therapy INC |
| | Firm/ Company |
| 9064 St | w 112 CT |
| | Address |
| Mîami, | Florida. 33176 |
| | |
| | City/ State and Zip Code |
| julyvil | legas15@gmail.com |
| E-mail address: (to be us | ed for future annual report notification) |
| · | • |
| For further information concerning this matter, pleas | se call: |
| July R. Villegas Figueroa | at ()6381105 |
| Name of Contact Person | Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made p | payable to the Florida Department of State: |
| ■ \$35 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & S52.50 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 | 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 Alma Behavioral Therapy INC

| (Name of | Corporation as currently fi | led with the Florida | Dept. of State) | 1 11 11 |
|--|---|------------------------------|-----------------------|----------------------|
| | P24000062336 | | | |
| | (Document Number of Co | orporation (if known) | | - |
| Pursuant to the provisions of section 607.10 as Articles of Incorporation: | 06, Florida Statutes, this <i>Flo</i> | rida Profit Corporatio | on adopts the follow | ving amendment(s) to |
| A. If amending name, enter the new nam | ne of the corporation: | | | |
| | | | | The new |
| name must be distinguishable and contain th 'Inc.," or Co.," or the designation "Con 'chartered," "professional association," 5. | p," "Inc," or "Co". A p | | | |
| 3. Enter new principal office address, if | applicable: | | | |
| Principal office address <u>MUST BE A STR</u> | | | | • |
| | , | | | |
| | | | | |
| C. Enter new mailing address, if applica | ıble: | | · | |
| (Mailing address MAY BE A POST OF | FFICE BOX | | · | |
| | _ | | <u> </u> | |
| | | | | ζ |
| | | | | |
|). If amending the registered agent and/ | | in Florida, enter the | name of the | |
| new registered agent and/or the new i | July R. Villegas | Figueroa | | |
| Name of New Registered Agent _ | | 2 | | |
| _ | 9064 SW 112 CT. Mia | mi, Florida. 3317 | ⁷ 6 | |
| | (Florida street | address) | | |
| New Registered Office Address: | | | , Florida | |
| | (Ci | かり | (Z | ip Code) |
| | | | | |
| | i Dissand Asset | | | |
| New Registered Agent's Signature, if cha hereby accept the appointment as register | nging Registered Agent: ed agent. I am familiar with | and accept the obliga | utions of the positio | n. |
| , | - | \bigcirc | n [] | |
| | July Villegas | | 10.2 | |
| | | | | |
| | Signature of New Regi | sierea Ageni,ij changi \} | ing U | |

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 | PT | John Do | <u>oc</u> | |
|-------------------------------|-----------|--------------|-------------|---------|
| X Remove | <u>V</u> | Mike Jo | nes | |
| X Add | <u>sv</u> | Sally Sn | <u>nith</u> | |
| Type of Action (Check One) | Title | | Name | Address |
| l) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | |
| Remove 3) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | _ | | |
| Add | | | | |
| Remove | | | | |

| | eets, if necessary | • | | | | | | | | | |
|--|--------------------|-------------|--------|----------|---------------|-------------|----------|--------|--------|----------|---------------|
| ust it is neces: | sary to chan | ge my | name | that | the | correct | spell | is | July | and i | not Julie |
| anks in advance | e for your si | pport | | | | | | | | | |
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| an amendment pro | ovides for an e | cchange | recl: | assific | <u>ttion,</u> | or cancel | lation o | f issu | ied sh | ares, | |
| provisions for imple (if not applicable | ementing the at | mendm | ent it | not co | nta <u>in</u> | ed in the a | amendn | ient i | tseir: | | |
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| The date of each amendment(s) adopt date this document was signed. | ion: 10 10 | 2024 | , if other than the |
|--|---|---|--|
| Effective date if applicable: | 10/16/2024 | | |
| enective date it applicable. | (no more than | n 90 days after amendment f | île date) |
| Note: If the date inserted in this block document's effective date on the Depart | | | uirements, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | | |
| The amendment(s) was/were adopted action was not required. | by the incorporators, o | or board of directors withou | t shareholder action and shareholder |
| ☐ The amendment(s) was/were adopted by the shareholders was/were suffici | | The number of votes cast fo | r the amendment(s) |
| ☐ The amendment(s) was/were approve must be separately provided for each | | | |
| "The number of votes cast for t | he amendment(s) was/ | were sufficient for approval | |
| by | | | 33 |
| | (voting group) | | |
| Dated | 10/2024 | | \bigvee |
| Signature | July Villegas | J. Wille | |
| | | officer - if directors of office | |
| | an incorporator – if in iduciary by that fiducia | n the hands of a receiver, trus arv) | stee, or other court |
| | • • | llegas Figueroa | |
| - | (Typed or printe | ted name of person signing) | |
| | P.T | | |
| | (Title of person | n signing) | |