

(Re	equestor's Name)	
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R. Write

16 APR 20 PH 3: 45



## miami

Support, education & advocacy for persons living with mental illness and their families

April 18, 2016

Florida Department of State Amendment Section Division of Corporations Clifton Building Tallahassee, FL 32301

Re: NAMI of Miami, Inc. #762700

Please find enclosed our Amended Articles of Incorporation to reflect the change of our name from NAMI of Miami, Inc. to NAMI Miami-Dade County, Inc. The name change was approved by our Board of Directors and a unanimous vote of our members at our Annual membership meeting.

Please feel free to contact me if you have any questions.

Sincerely,

Susan Racher

Director and Chair, By Laws Committee

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	iami, Inc.	······································	
762700 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	are submitted for filing.		
Please return all correspondence concerning to	his matter to the followir	g:	
Susan Racher, Director			
	(Name of Conta	ct Person)	
NAMI of Miami-Dade County, Inc.			
	(Firm/ Con	pany)	
10303 SW 72 Av			
	(Addre	ss)	- 1 10 100 - 2 100
Miami, FL 33156			
	(City/ State and	Zip Code)	
smracher@gmail.com			
E-mail address: (to	be used for future annu	al report notificat	ion)
For further information concerning this matter	r, please call:		
Susan Racher		305 at	323-9845
(Name of Contac	t Person)	(Area Code	e) (Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Flo	rida Department o	of State:
☐ \$35 Filing Fee ☐\$43.75 Filing Certificate of	g Fee & Status Certified Cop (Additional cenclosed)	y Cer opy is Cer (Ac	2.50 Filing Fee tificate of Status tified Copy Iditional Copy is closed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Addres Amendment Se Division of Co Clifton Buildin	ection rporations

2661 Executive Center Circle Tallahassee, FL 32301

FILED

## **Articles of Amendment**

to Articles of Incorporation 16 APR 20 PM 3: 44

SECRETARY OF STATE

ent Numb	tly filed with the Florida Dep er of Corporation (if known)	ot. of State)
	er of Corporation (if known)	
	er of Corporation (if known)	
da Statute		
	es, this Florida Not For Profit	Corporation adopts the following
orporat	ion:	
		. The new
corpora	tion" or "incorporated" or the	
le: DRESS		
DRESS .	<sup>299</sup> Alhambra Circle Suite 5	06
	Coral Gables, FL 33134	
<u>0X</u> )	P.O Box 430230	
	South Miami, FL 33243	
	-	
		he name of the
IN/.	<u> </u>	
N/A		
	(Florida stre	et address)
N,	/A	
		, Florida
	(City)	(Zip Code)
gistered I am fa	Agent: miliar with and accept the obli	gations of the position.
	N/A	
S	ignature of New Registered Ag	rent, if changing
	ered office a  N/A  N/A  N/a  Registered  I am fa	Corporation or "incorporated" or the

## 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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	•
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	Maria C. Rivero	P.O Box 430230
X Add			South Miami, FL 33243
Remove			
2) Change	D	Shawn Kosravi	P.O Box 430230
X Add			South Miami. FL 33243
Remove		luca G. Conside	D.O. P 420320
3)Change	D	Juan C. Garrido	P.O Box 430230  South Miami, FL 33243
A Add Remove			South Whath, LE 33243
4) Change	D	David Virrorio	P.O Box 430230
X Add			South Miami. FL 33243
Remove			•
5) Change	D	Anna Shustack	P.O Box 430230
X Add			South Miami, FL 33243
Remove			
6) Change	D	k Kathy Coppola	P.O Box 430230
Add			South Miami, FL 33243
Remove			

(attach additional sheets, if necessary). (Be specific)				
The Articles of Incorporation are hereby amended to read as follows:				
The name of the corporation is NAMI Miami-Dade County, Inc.				

	January 25, 2016	
The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	anuary 25, 2016	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer was/were sufficient for appr	e adopted by the members and the number of votes cast for the amendment oval.	ent(s)
There are no members or m adopted by the board of dir	embers entitled to vote on the amendment(s). The amendment(s) was/we ectors.	ere
Dated March i	0, 2016	
Signature 🕡	on Cole	
have no	hairman or vice chairman of the board, president or other officer-if direct been selected, by an incorporator – if in the hands of a receiver, trustee, urt appointed fiduciary by that fiduciary)	
Robi	n Cole	
_	(Typed or printed name of person signing)	<del></del>
Presi	lent	
	(Title of person signing)	_