

N05000008663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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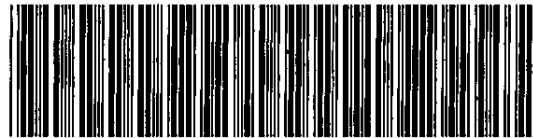
(Business Entity Name)

(Document Number)

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2006 AUG 17 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 317399 7546593

AUTHORIZATION :

COST LIMIT : \$ PPD

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ORDER DATE : August 17, 2006

ORDER TIME : 9:53 AM

ORDER NO. : 317399-005

CUSTOMER NO: 7546593  
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DOMESTIC AMENDMENT FILING

NAME: ST. FRANCIS RECOVERY HOUSE,  
INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Harris -- EXT# 2937

EXAMINER'S INITIALS: \_\_\_\_\_

LAW OFFICES OF  
**PATRICIA R. VOSS, P.A.**

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**PATRICIA R. VOSS, Esq.**  
LLM ESTATE PLANNING  
E-MAIL: PVOSS@VOSS-LAW.COM

OF COUNSEL:

**JAMES I RIDLEY, Esq.**  
LLM TAXATION  
BOARD CERTIFIED: WILLS, TRUSTS & ESTATES  
E-MAIL: JRIDLEY@VOSS-LAW.COM

**THEODORE H. FULTON, JR., Esq.**  
BOARD CERTIFIED: WILLS, TRUSTS & ESTATES  
E-MAIL: TFULTON@VOSS-LAW.COM

July 25, 2006

Division of Corporations  
Amendment Section  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: St. Francis Recovery House, Inc.  
*Name Change*

To Whom It May Concern:

Pursuant to changing the name of the above-named corporation enclosed please find the following documents:

1. Division of Corporations' "Cover Letter"
2. Articles of Amendment (2 pages)
3. Check in the amount of \$52.50 representing our filing fee and the addition fees for a certified copy of the Articles and a Certificate of Status
4. Self-addressed stamped envelope

Should you require any additional information, please feel free to e-mail or call me.

Sincerely,



Patricia R. Voss, Esq.

PRV/ssp

cc: Michael V. Massari

Enc.: Originals of items 1-4, above

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ST. FRANCIS RECOVERY HOUSE, INC.

DOCUMENT NUMBER: N05000008663

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL V. MASSARI  
(Name of Contact Person)

ST. FRANCIS RECOVERY HOUSE, INC  
(Firm/ Company)

20 N.E. FIRST AVENUE  
(Address)

DANIA, FLORIDA 33004  
(City/ State and Zip Code)

For further information concerning this matter, please call:

MICHAEL V. MASSARI at ( 954 ) 224-7551  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2006 AUG 17 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ST FRANCIS RECOVERY HOUSE, INC.

(Name of corporation as currently filed with the Florida Dept. of State)

NO5000008643

(Document number of corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**NEW CORPORATE NAME (if changing):**

ST. FRANCIS COMMUNITY, INC.

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

N/A

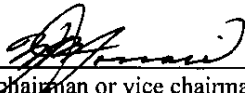
The date of adoption of the amendment(s) was: JULY 1, 2006

Effective date if applicable: JULY 1, 2006  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature

  
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

MICHAEL V. MASSARI  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

**FILING FEE: \$35**