

N34079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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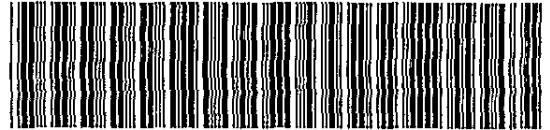
(Business Entity Name)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** National Alliance For The Mentally Ill-  
Tallahassee, Inc.

**DOCUMENT NUMBER:** N34079

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

Please return all correspondence concerning this matter to the following:

Bob Barnette

(Name of Contact Person)

NAMI Tallahassee, Inc.

(Firm/ Company)

2024 Doomar Dr.

(Address)

Tallahassee, FL 32308-4808

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Bob Barnette

(Name of Contact Person)

at ( 850 ) 877-1625

(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  
409 E. Gaines Street  
Tallahassee, FL 32399



The date of adoption of the amendment(s) was: December 13, 2004

Effective date if applicable: December 13, 2004  
(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.

Signed this 30<sup>th</sup> day of January, 2005

Signature

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

Bob Barnette

(Typed or printed name of person signing)

Treasurer

(Title of person signing)

**FILING FEE: \$35**