P170000 25270

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TO: Amendment Section Division of Corporat	ions	,		د
NAME OF CORPORA	TION: CLAB	ity Beha	VIOLAL HEATH	5412
DOCUMENT NUMBER	«P170	000025	270	•
The enclosed Articles of .	Amendment and fee are sul	bmitted for filing.		
Please return all correspo	ndence concerning this made	-		
_	PATR	OCCIA BU	25H -	
	Clarity	Name of Contact Person Behavi	oral Health	
	106 Pir	Firm/Company	h9ne	
	Altamo	Address 5 ps	ings, FL 32714	/
	Pattybu	City/ State and Zip Cod Shad clari	15/4 - oral Health hane ings, FL 327/4 tybehavioral healt	4,
	E-mail address: (to be us	sed for future annual report	notification)	
For further information co	oncerning this matter, pleas	se call:		
PATIZICIA	B U514	at (407	963-946 / de & Daytime Telephone Number	
Name of C	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for th	ne following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy	

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, Ft. 32303

is enclosed)

Articles of Amendment to

Articles of Incorporation
Clarity Behavioral Health
(Name of Corporation as currently filed with the Florida Dept. of State)
P17000015270
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
-
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
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 MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address)
New Registered Office Address:
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing

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 now 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 I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>CFO</u>	Amonda Kessler	Altamork Springs, F.
Add Remove			Altamonk Springs, F. 32714
2) Change			
Add			
Remove 3) Remove			
Add			
Remove 4) Change			
Add			
Remove			
5) Change Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
Om a la a lacat complex	
Amended to reflect semoval of Amanda Hessler from	
Of HMAnda Hessler Tron	
COrporation	
See Board Meeting Manutes	
	•
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
(ly not applicable, malcale N/A) $\lambda / 1 \cap$	
10 1.1	

The date of each amendment(s) adoption: $\frac{1}{7/2020}$ if other than the
date this document was signed.
Effective date if applicable: 1/7/2020
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for approval
by
(voting group)
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
Dated
Signature
(By a director, president or other officer – if directors or officers have not been
selected, by an incorporator - if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
President
(Title of person signing)