

OCT-09-2007 TUE 03:05 PM

Division of Corporations

FAX NO

P. 01

Page 1 of 1

**Florida Department of State**  
Division of Corporations  
Public Access System

**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H07000250705 3)))



H070002507053ABC-

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : SHUTTS & BOWEN LLP HEALTH LAW GROUP II  
Account Number : 120050000022  
Phone : (305) 347-7352  
Fax Number : (305) 347-7854

**COR AMND/RESTATE/CORRECT OR O/D RESIGN**

**MIAMI-DADE COUNSELING SERVICES INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$35.00 |

RECEIVED  
2007 OCT -9 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2007 OCT -9 AM 9:11

Electronic Filing Menu

Corporate Filing Menu

Help

Ps 10/10/07  
Amend

OCT-09-2007 TUE 03:05 PM

FAX NO. FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

P. 02

2007 OCT -9 AM 9:11

Articles of Amendment  
to  
Articles of Incorporation  
of

MIAMI-DADE COUNSELING SERVICES INC.

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

P01000009460

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

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

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered," "professional association," or the abbreviation "P.A.")

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

delete: Hermes Perez, D

1901 SW First Street, Second Floor  
Miami, Florida 33135

delete: Hermes Perez, Registered Agent  
1901 SW First Street, Second Floor  
Miami, Florida 33135

delete: Hermes Perez, D  
1901 SW First Street, Second Floor  
Miami, Florida 33135

ADD: Angel E. Gutierrez, P/D/RA  
1901 SW First Street, Second Floor  
Miami, Florida 33135

(Attach additional pages if necessary)

If an amendment provides for 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)

N/A

(continued)

The date of each amendment(s) adoption: August 31, 2007

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

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

☒ The amendment(s) was/were approved 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 cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_"  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 8 day of October, 2007.

I hereby accept the appointment as Registered Agent and agree to act in this capacity.

Signature X S - C

(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)

ANGEL B. GUTIERREZ

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35