

NC

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Fresh Start of Miami-Dade Inc. _____

DOCUMENT NUMBER: N00000002239 _____

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

Please return all correspondence concerning this matter to the following:

Sandra McQueen-Baker

(Name of Contact Person)

Fresh Start of Miami-Dade Inc.

(Firm/ Company)

18441 NW 2nd Avenue Suite 106-108

(Address)

Miami Gardens, Florida 33169

(City/ State and Zip Code)

smcqueenbaker@fsmdi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra McQueen-Baker

305

6239937

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$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

Fresh Start of Miami-Dade Inc.

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

N00000002239

(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:

A. If amending name, enter the new name of the corporation:

Fresh Start of Miami-Dade Recovery and Wellness Center Inc.

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

18441 NW 2nd Avenue

Suite 106-108

Miami Gardens, Florida 33169

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: N/A

(Florida street address)

New Registered Office Address:

_____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

FILED
2017 MAY 17 P 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

| | | |
|--|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u> |
| <input checked="" type="checkbox"/> Remove | <u>V</u> | <u>Mike Jones</u> |
| <input checked="" type="checkbox"/> Add | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|--------------------------------------|--------------|-------------|----------------|
| 1) <u>N/A</u> Change | _____ | _____ | <u>N/A</u> |
| <u>N/A</u> Add | _____ | _____ | _____ |
| <u>N/A</u> Remove | _____ | _____ | _____ |
| 2) <u>N/A</u> Change | _____ | _____ | <u>N/A</u> |
| <u>N/A</u> Add | _____ | _____ | _____ |
| <u>N/A</u> Remove | _____ | _____ | _____ |
| 3) <u>N/A</u> Change | _____ | _____ | <u>N/A</u> |
| <u>N/A</u> Add | _____ | _____ | _____ |
| <u>N/A</u> Remove | _____ | _____ | _____ |
| 4) <u>N/A</u> Change | _____ | _____ | <u>N/A</u> |
| <u>N/A</u> Add | _____ | _____ | _____ |
| <u>N/A</u> Remove | _____ | _____ | _____ |
| 5) <u>N/A</u> Change | _____ | _____ | <u>N/A</u> |
| <u>N/A</u> Add | _____ | _____ | _____ |
| _____ Remove | _____ | _____ | _____ |
| 6) <u>N/A</u> Change | _____ | _____ | <u>N/A</u> |
| <u>N/A</u> Add | _____ | _____ | _____ |
| <u>N/A</u> Remove | _____ | _____ | _____ |

Amended Article III: This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. The corporation is organized under the Nonprofit Public Benefit Corporation Law for Charitable, religious, and educational purposes to aid individuals and families with mental health diagnosis/co-occurring disorders and to educate and empower them towards a life of self-sufficiency. Program development will focus on, but shall not be limited to: (1) educational development, (2) empowerment, (3) advocacy, (4) support, (5) self-help, (6) community awareness, (7) housing and social reconstruction as well as (8) intervention and prevention services for those in need:

- 1) To operate a Drop-In Center for consumers of mental health services who are self-maintained may meet for socialization, relaxation, advocacy, support, self-help and empowerment;
- 2) To aid, support and provide services through general contributions and funding from other corporations, foundations, state and federal agencies for programs that will consist of but shall not be limited to empowerment, housing, counseling programs, advocacy, computer training, substance use, rehabilitation, awareness and prevention, remedial education, youth programs, AIDS/HIV care and prevention, co-occurring disorders and senior programs;
- 3) To operate a transitional/half-way and/or *peer respite* facility that focuses on providing social and economic opportunities, that meet the needs of mental health youth and adults, providing jail diversion and/or facilitating their transition from prison or *institutions by promoting re-entry and community integration for consumers and their families in support of their communities.*
- 4) To aid and assist individuals and families who are mental health consumers residing within the counties of the State of Florida towards a life of self-sufficiency to enhance the Quality of Life by establishing structured support services, constructing and/or renovating housing, providing opportunities for affordable, low cost housing.
- 5) To expand opportunities available to said mental health consumers to obtain adequate low-cost decent, safe and sanitary housing accommodations, who otherwise would not be able to find or to afford a suitable place to live. It is the purpose of the corporation to lessen the burdens of government and to promote social welfare by providing housing rehabilitation, construction and management of facilities for the purpose of combating homelessness and insufficient housing.
- 6) To raise the educational and social levels of the residents of Miami-Dade County and target areas, especially members of minority communities who are mental health consumers and/or dually diagnosed through *peer support*, education and self-help.

- 7) To foster and promote community based awareness, interest and concern for the problems of consumers of behavioral health services within Miami-Dade County, South Florida, Statewide and Nationally, to the end that social and economic opportunities may be expanded, sickness, and social stigma lessened and the prejudice, discrimination, social stigma associated with mental health may be eliminated.
- 8) To build, strengthen and empower individuals and their families, to develop culturally trained, competent staff, and culturally appropriate customer driven programs and services so as to ensure significant and successful program outcomes.
- 9) To expand opportunities available to said target population and groups to receive vocational training and employment.
- 10) To organize and create Young adult/Adult Congregate Living Facilities (ACLF'S), Group/Health Homes, Vocational Schools, Advocacy Centers and all and any other related and viable businesses that the Board of Directors may approve.

B: To undertake any and all lawful activities which may be necessary, useful, or desirable for the furtherance, accomplishment, fostering, or attaining of the afore-going purposes: either directly or indirectly; and either individually or in conjunction or in cooperation with others, whether such others be persons or organizations of any kind or nature, such as corporations, firms, associations, trusts, institutions, foundations, or governmental bureaus, departments or agencies.

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Amended Article III. Please see attached.

The date of each amendment(s) adoption: April 28th, 2017, if other than the date this document was signed.

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

Dated May 15, 2017

Signature Sandra McQueen-Baker

(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)

Sandra McQueen-Baker

(Typed or printed name of person signing)

President

(Title of person signing)

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Fresh Start of Miami-Dade Inc.

DOCUMENT NUMBER: N00000002239

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Sandra McQueen-Baker

(Name of Contact Person)

Fresh Start of Miami-Dade Inc.

(Firm/ Company)

18441 NW 2nd Avenue Suite 106-108

(Address)

Miami Gardens, Florida 33169

(City/ State and Zip Code)

smcqueenbaker@fsmdi.com

E-mail address: (to be used for future annual report notification)

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(Name of Contact Person) (Area Code) (Daytime Telephone Number)

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- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
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N/A

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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Signature of New Registered Agent, if changing

FILED
2017 MAY 17 P 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(attach additional sheets, if necessary). (Be specific)

[illegible]

April 28th, 2017

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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

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- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

May 15, 2017

Signature

Sandra McQueen-Baker

(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)

Sandra McQueen-Baker

(Typed or printed name of person signing)

President

(Title of person signing)