NO 200000 7459

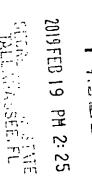
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600324611666

02/19/19--01049--009 **35.00



R. Y FD20 ---

COVER LETTER

TO: Amendment Section Division of Corporations

Florida Mental Healt NAME OF CORPORATION:	h Counselors Associati	on Inc.	
N02000007459 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
Diana Huambachano			
······································	(Name of Contact Pers	on)	
Florida Mental Health Counselors Association Inc			
	(Firm/ Company)		
2101 Vista Parkway Ste 265			
	(Address)		
West Palm Beach, Fl. 33411			
	(City/ State and Zip Co	ode)	
custerg@bellsouth.net			
E-mail address: (to be used	for future annual repor	t notification)
For further information concerning this matter, please	call:		
Diana Huambachano	<u>5</u>	561	215-2582
(Name of Contact Person) (.	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida De	partment of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifī Certifī	O Filing Fee cate of Status led Copy cional Copy is sed)
Mailing Address		et Address	
Amendment Section		ndment Secti	

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, Fl. 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Florida Mental Health Counselors Association Inc		2019 FEB 19	04.6.=
(Name of Corporation as	currently filed with the Flor	ida Dept. of State)	rn 2: 25
N02000007459		ALUS - TATT COLO	SIATE
(Document	Number of Corporation (if kr	iown)	TOUE, FE
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:		r Profit Corporation a	dopts the following
A. If amending name, enter the new name of the con	rporation:		
			The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated	l" 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 <u>MUST BE A STREET ADD</u>	<u>RESS</u>)		
		• .	
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
	·		
D. If amending the registered agent and/or registere	ed office address in Florida.	enter the name of the	<u>.</u>
new registered agent and/or the new registered of			•
Name of New Registered Agent:			
- regime earigem.			
	(FI)	orida street address)	
New Registered Office Address:	(, .,		
		, Florida	
_	(City)	·	Code)
		_	
New Registered Agent's Signature, if changing Regit thereby accept the appointment as registered agent.		the obligations of the	position.
			···
	Signature of New Regist	ered Agent, if changin	 ੲ

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: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Director	Darlene Silvernail	2101 Vista Parkway
Add			Suite 265
X Remove			West Palm Beach Fl 33411
2) Change	Director	Diana Huambachano	2101 Vista Parkway
x Add			Suite 265
Remove			West Palm Beach, Fl 33411
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Article (attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)		
	<u> </u>		
	-		
			
		<u>-</u>	
	-		 .
···			
	-		
			_
		.	
		<u> </u>	
control			

02/12/2019	, if other than the
The date of each amendment(s) adoption:	, 11 Other than the
date this document was signed.	
02/12/2019	
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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amend was/were sufficient for approval.	iment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was adopted by the board of directors.	;/were
Dated 02/12/2019	
Signature 11111 Minhickly	
(By the chairman or vice chairman of the board, president or other officer-if d	irectors
have not been selected, by an incorporator - if in the hands of a receiver, trus	icc. or
other court appointed fiduciary by that fiduciary)	
Diana Huambachano	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	