N05525

(Re	questor's Name)	
(Add	dress)	
		
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(,	··- ·
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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DIVISION OF CORPORATION

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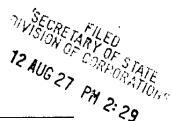
AUG 2 8 2012

T. BROWN

<u>CÓVER LETTER</u>

TO: Amendment Section Division of Corporations	T ••	3
NAME OF CORPORATION:	ce for the Mentally	III of Sarasota County, Inc.
N05525		
DOCUMENT NUMBER: NUODZO		
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Lynn Thierry		
	(Name of Contact Perso	n)
National Alliance for the Me	ntally III of Sa	arasota County, Inc.
	(Firm/ Company)	
1661 Ringling Blvd. #174	11	
	(Address)	
Sarasota, FL 34230		
	(City/ State and Zip Cod	е)
namisrq@gmail.c		
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Lynn Thierry	_{at} 941	488-7091
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Dep	artment of State:
\$35 Filing Fee \$\text{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	Ameno Divisio Cliftor 2661 I	Address diment Section on of Corporations a Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



	01		Pa
lational Alliance for the Mentally III	of Sarasot	a County, Inc.	PA
(Name of Corporation as currently filed with the F	lorida Dept. of St	ate)	
05525			
(Document Number of Corpo	oration (if known)		
rsuant to the provisions of section 617.1006, Florida Statuendment(s) to its Articles of Incorporation:	ites, this <i>Florida N</i>	lot For Profit Corporation add	opts the follo
If amending name, enter the new name of the corpora	ation:		
ational Alliance on Mental Illness o	of Sarasota	County, Inc.	The
me must be distinguishable and contain the word "corpor Company" or "Co." may not be used in the name.	ration" or "incorp	orated" or the abbreviation "(
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS	<u>N/A</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent:		orida, enter the name of the	
	(Florida street addr	ess)	
ew Registered Office Address:			
ew Registered Office Address:		, Florida	

Page 1 of 4

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 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	PT John D V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	Name	Address
1) NA Change			
Add			
Remove			
2) Change			
Add			
Remove			
			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		The second secon	
Add			
Remove			

. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
N/A	

The date of each amendment(s) adoption: June 21, 2005		
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
Ado	option 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.	
	Deted August 21, 2012	
	Dated Addust 21, 2012	
	Signature Anne Manuel	
	(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)	
	Jamie M. Smith	
	(Typed or printed name of person signing)	
	President, Board of Directors	
	(Title of person signing)	