

NO9000005100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 FEB 16 PM 3:52

FEB 16 2016

C LEWIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2016

MAIDA A. BERBERIAN / A CHANCE FOR THERAPY INC
260 CRANDON BLVD #32-222
KEY BISCAYNE, FL 33149 US

SUBJECT: A CHANCE FOR THERAPY, INC.
Ref. Number: N09000005100

We have received your document for A CHANCE FOR THERAPY, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 416A00000862

RECEIVED
16 FEB 16 PM 12:24

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: A Chance for Therapy, Inc.

DOCUMENT NUMBER: N09000005100

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

Please return all correspondence concerning this matter to the following:

Maida A. Berberian

Name of Contact Person

A Chance for Therapy, Inc.

Firm/ Company

260 Crandon Blvd, # 32-222

Address

Key Biscayne, FL 33149

City/ State and Zip Code

mberian@msn.com

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

For further information concerning this matter, please call:

Maida A. Berberian

Name of Contact Person

at (786)

1172

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



Florida Department of State
Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

February 10, 2016

RE: ARTICLES OF AMENDMENT/Ref. No. N09000005100/
LETTER No. 416A00000862

To Whom It May Concern:

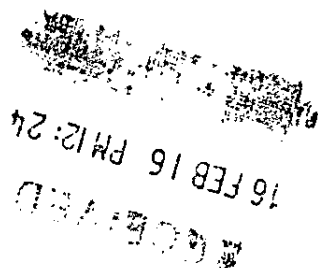
In reponse to your letter dated January 13th, enclosed please find our revised articles of amendment. Our check in the amount of \$43.75, to cover the filing fee and the cost of a certified copy, was included with our original mailing. Should you need any additional information or changes, please do not hesitate to contact us.

Kind Regards,

A handwritten signature in black ink, appearing to read "MB", is written over the printed name.

Maida Berberian
President

contact@act4me.org
www.act4me.org



260 crandon blvd
suite 32-222
key biscayne
fl 33149

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 FEB 16 PM 3:53

A CHANCE FOR THERAPY, INC.

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

NO9000005100

(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:

N/A

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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

(City)

Florida

(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.

N/A

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:

<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) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>P, S</u>	<u>MAIDA A. BERBERIAN</u>	<u>401 HARBOR DRIVE</u> <u>KEY BISCAYNE FL 33149</u>
2) ____ Change <input checked="" type="checkbox"/> Add ____ Remove	<u>T</u>	<u>Anabel STEVENS</u>	<u>462 WOODCREST ROAD</u> <u>KEY BISCAYNE, FL 33149</u>
3) ____ Change ____ Add <input checked="" type="checkbox"/> Remove	_____	<u>LUZ MARIA MARTINEZ</u>	<u>650 OCEAN DRIVE</u> <u>APT 6C</u> <u>KEY BISCAYNE, FL</u>
4) ____ Change <input checked="" type="checkbox"/> Add ____ Remove	<u>D</u>	<u>RILEY SMITH</u>	<u>3617 BOUGAINVILLEARD.</u> <u>MIAMI FL 33133</u>
5) ____ Change <input checked="" type="checkbox"/> Add ____ Remove	<u>D</u>	<u>PATRICIA BONA</u>	<u>781 CRANDON BLVD</u> <u>APT 703</u> <u>KEY BISCAYNE, FL 33149</u>
6) ____ Change ____ Add ____ Remove	_____	<u>SEE NEXT PAGE</u>	<u>/</u>

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.

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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) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>BEATRIZ CITRON</u>	<u>2627 S. BAYSHORE DR.</u> <u>MIAMI, FL 33133</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>IVETTE FERNANDEZ</u>	<u>574 CRANDON BLVD</u> <u># 613</u> <u>KEY BISCAYNE, FL 33149</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

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

n/a

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)

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 01.15.2016 (JANUARY 15TH, 2016)

Signature [Signature]
(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)

MAIDA A. BERBERIAN
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

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