

N12 000002200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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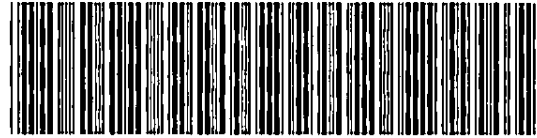
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT
JACKSONVILLE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Center for Trauma Counseling, Inc.

DOCUMENT NUMBER: N12000002200

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

Please return all correspondence concerning this matter to the following:

Helya Ortiz

(Name of Contact Person)

Center for Trauma Counseling, Inc.

(Firm/ Company)

6801 Lake Worth Road, Suite 307

(Address)

Greenacres, Fl. 33467

(City/ State and Zip Code)

helya@palmbeachmentalhealth.org

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

For further information concerning this matter, please call:

Helya Ortiz

561

504-3640

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

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment
to
Articles of Incorporation
of

Center for Trauma Counseling, Inc.

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

N12000002200

(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**)*

6801 Lake Worth Road, Suite 307

Greenacres, Fl. 33467

C. Enter new mailing address, if applicable:

*(Mailing address **MAY BE A POST OFFICE BOX**)*

6801 Lake Worth Road, Suite 307

Greenacres, Fl. 33467

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:

Helya Ortiz

6801 Lake Worth Road, Suite 307

(Florida street address)

New Registered Office Address:

Greenacres, Fl.

(City)

, Florida 33467

(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

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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:

☒ Change	PT	John Doe
☒ Remove	V	Mike Jones
☒ Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☐ Change ☐ Add	D	Clemente Ortiz	3948 Lake Tahoe Circle West Palm Beach, FL 33409
☒ Remove			
2) ☐ Change ☐ Add	P CEO	Helya Farhangi	7380 Oakboro Drive Lake Worth, FL 33467
☒ Remove			
3) ☐ Change ☐ Add	P CFO	Shari Levine	4175 Artesa Drive Boynton Beach, FL 33436
☒ Remove			
4) ☐ Change ☒ Add	P CEO	Helya Ortiz	5098 Prairie Dunes Village Circle Lake Worth, FL 33463
☐ Remove			
5) ☐ Change ☒ Add	V	Penny Anderson	4960 NE 58th Lane High Springs, FL 32643
☐ Remove			
6) ☐ Change ☒ Add	ST	Karen Baldwin	2200 Florida Mango West Palm Beach, FL 33409
☐ Remove			

E. If amending or adding additional Articles, enter change(s) here:

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

N/A

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STATE OF FLORIDA

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TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

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

Effective date if applicable: 07/29/2021
(no more than 90 days after amendment file date)

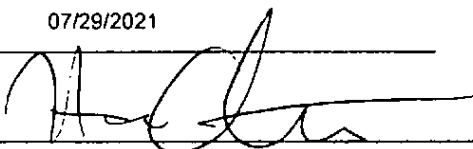
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 07/29/2021

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)

Helya Ortiz

(Typed or printed name of person signing)

CEO

(Title of person signing)

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CLERK OF COURT
JANUARY 1, 2021