## M12000002631

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

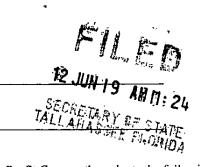
•		
NAME OF CORPORATION: HOAF MENTA	L HEALTH CA	RE SERVICES, INC
DOCUMENT NUMBER: N120000263	31	
The enclosed Articles of Amendment and fee are submitted	d for filing.	
Please return all correspondence concerning this matter to	the following:	
CARLOS ALVAREZ		
(Na	me of Contact Person)	
HOAF MENTAL HEALTH	CARE SER	VICES, INC
	(Firm/ Company)	
7455 WEST FLAGLER ST	REET	
	(Address)	
MIAMI, FL 33144		
(Cit	y/ State and Zip Code)	
HOAF-INFO@HEALT	THOFAMER!	CANS.ORG
E-mail address: (to be used for		
For further information concerning this matter, please call	;	
CARLOS ALVAREZ	at (305	360-8417 & Daytime Telephone Number)
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed is a check for the following amount made payab	le to the Florida Departn	nent of State:
(1	43.75 Filing Fee & Certified Copy Additional copy is enclosed)	3\$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	Clifton Bu 2661 Exec	nt Section f Corporations

## Articles of Amendment to Articles of Incorporation of

## HOAF MENTAL HEALTH CARE SERVICES, INC

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

N12000002631



(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:

I/A	Tr
me must be distinguishable and contain the word "corpora Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or
Enter new principal office address, if applicable:	7455 WEST FLAGLER STREET
Principal office address <u>MUST BE A STREET ADDRESS</u> )	MIAMI, FLORIDA 33144
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 166335
	MIAMI, FLORIDA 33116
new registered agent and/or the new registered office a	
Name of New Registered Agent:  Name of New Registered Agent:	
Name of New Registered Agent:  Name of New Registered Agent:	(Florida street address)
Name of New Registered Agent:  Name of New Registered Agent:	(Florida street address)
Name of New Registered Agent:  N/A  ew Registered Office Address:	(Florida street address) , Florida (Zip Code)  Agent:

Page 1 of 4

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add Remove	v	EVELYN GUERRA	7455 WEST FLAGLER STREET MIAMI, FLORIDA 33144
2) Change Add Remove	<u>v</u>	GUSTAVO J. GUTIERREZ	7455 WEST FLAGLER STREET MIAMI, FLORIDA 33144
Change Add X Remove	V	VILMA ALONSO	7455 WEST FLAGLER STREET MIAMI, FLORIDA 33144
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove	;		

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)	e(s) nere:	
N/A			
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The	date of each amendmen	t(s) adoption: 04/01/2012	
	ctive date if applicable:	04/01/2012	
		(no more than 90 days after amendment file date)	
Ado	ption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/v was/were sufficient for a	were adopted by the members and thenumber of votes cast for the amendment(s) pproval.	
	adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	(By the	e chairman or vice chairman of the board, president or other officer if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	CARLO	OS ALVAREZ	
	<del> </del>	(Typed or printed name of person signing)	
	VICE-F	PRESIDENT	
		(Title of person signing)	