N12000011983

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Omend/ name change

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Community Found	ation for Behavioral H	ealth, Inc	·•	
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this ma	tter to the following:			
Mary Eleanor Lanser				
	(Name of Contact P	erson)	· ·	
Douglas Gardens Community Mental Health Center	of Miami Beach, Inc.			
	(Firm/ Compan	······································		
1680 Meridian Avenue, Suite 501				20 FEB
	(Address)			
Miami Beach, FL 33139				27 h
	(City/ State and Zip	Code)		=
ELanser@dgcmhc.org				
E-mail address: (to be use	ed for future annual rep	ort notificatio	n)	
For further information concerning this matter, pleas	e call:			
Ame Vega-Oxley	at	305	531-5341 x162	
(Name of Contact Person	n)	(Area Code)	(Daytime Telepho	ne Number)
Enclosed is a check for the following amount made p	payable to the Florida	Department of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif S Certif	O Filing Fee icate of Status ied Copy tional Copy is used)	
Mailing Address Amendment Section		eet Address		
Amendment Section Division of Corporations	Amendment Section Division of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

Community Foundation for Behavioral Health, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N12000011983 (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: Douglas Gardens Community Mental Health CenterFoundation, Inc. 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: N/A Florida (Zip Code) (City)

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

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 Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) <u>×</u> Change Add	<u>P</u>	Eileen R. Yasbin	2710 NE 183rd Street TH18
Remove			Aventura, FL 33160
2)	<u>VP</u>	Neil E. Signer	1134 River Birch Street Hollywood, FL 33019
Remove 3) Change Add Remove		·	
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove E. If amending or adding	g additional Artic	Page 2 of 4 cles, enter change(s) here:	
(attach additional sheet	ts, if necessary).	(Be specific)	
<u>Ν</u> /Λ	_		
			
			<u> </u>

	
	
	
Page 3 of 4	
The date of each amendment(s) adoption: N/A	, 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.	, 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 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 01.09.20
Signature El Gol
(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)
Eileen R. Yasbin
(Typed or printed name of person signing)
President
(Title of person signing)