

N12525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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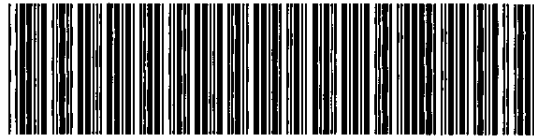
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Name Change
Amend*

10/10/07

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Hernando County Alliance for the Mentally Ill, Inc.

DOCUMENT NUMBER: N12525

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

Please return all correspondence concerning this matter to the following:

Darlene Linville, President
(Name of Contact Person)

Hernando County Alliance for the Mentally Ill, Inc.
(Firm/ Company)

2210 Pinta Ave
(Address)

Spring Hill, Florida 34609
(City/ State and Zip Code)

For further information concerning this matter, please call:

Darlene Linville, President at (352) 686-0004
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Hernando County Alliance for the Mentally Ill, Inc.

N12525

(Attach additional pages if necessary)
(continued)

The date of adoption of the amendment(s) was: September 17, 2007

Effective date if applicable: September 17, 2007
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature Darlene Linville
(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.)

Darlene Linville
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35