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TO: Amendment Section
Division of Corporations

NAME OF CORPORATI	Milestones Behavior	al Health Center, Inc	,	·	
DOCUMENT NUMBER:	N13000007117				
					<u> </u>
The enclosed Articles of An	nendment and fee are subr	nitted for filing.			
Please return all correspond	ence concerning this matte	er to the following:			
Jeanette Philipp Pizarro	·				
		(Name of Contact Pe	rson)		
			•		
		(Firm/ Company)		
10005 SW 199th Street					
		(Address)			
Miami Florida 33157					
		(City/ State and Zip (Code)		
ministries2007@gmail.com	•				
E	-mail address: (to be used	for future annual rep	ort notification)	<u> </u>
For further information conc	erning this matter, please of	call:			
851-1186		at	305	same	
	(Name of Contact Person)		(Area Code)	(Daytime Telephor	ne Number)
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■ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certific Certific	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing A	ddress	<u>Stre</u>	et Address		

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Marko of Markon Services

Milestones Behavioral Health Center, Inc.

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

N13000007117

(Document Number of Corporation (if known)

A. If amending name, enter the new name of the corpora	ation:	
Milestones Behavioral Health Services, Inc.		The new
name must be distinguishable and contain the word "corpor" "Company" or "Co," may not be used in the name.	ration" or "incorporated"	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)		Cutler Bay Florida 33157
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		ter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florid	a street address)
ren negisterea Office man ess.		. Florida
Her Registered Office Hauress.		. rioriua
	(City)	(Zip Code)

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	<u>V</u> <u>Mil</u>	n <u>Doe</u> te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Pera, Sylvia A, M.M.S.	2498 NE 4th Street
Add			Homestead, FL. 33033
X Remove			
2) Change			
Add			
Remove			
3) Change	-		
Add			
Remove			
4) Change			
Add			<u></u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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	• 02/24/2017	
	e date of each amendment(s) adoption:e this document was signed.	., if other than the
Jaic	, this document was signed.	
Effe	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
Not loca	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not burnent's effective date on the Department of State's records.	e listed as the
Ada	option of Amendment(s) (<u>CHECK ONE</u>)	
	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 02/24/2017	
	Signature Slauch Plika - France	_
	(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)	
	TEANETTE PHILIPP - PIZIARRO (Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	