

N17 00000 6221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

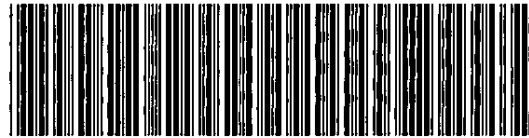
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*They left out the word
"Mental" on their order
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 JUL -6 PM 4: 33

*Out of Correction /
name change*

JUL 11 2017

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMMUNITY HEALTH AND WELLNESS CENTER OF DORAL INC
Name of Corporation

DOCUMENT NUMBER: N17000006221

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DELIA ROSA KENNEDY

Name of Contact Person

COMMUNITY MENTAL HEALTH AND WELLNESS C

Firm/Company

9600 SW 8th Street Suite 23 B

Address

Miami FL 33174

City/State and Zip Code

DELIARKENNEDY@AOL.COM

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

For further information concerning this matter, please call:

DELIA KENNEDY

Name of Contact Person

at (786) 556-1397

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35.00 Filing Fee

\$43.75 Filing Fee & Certificate of Status

\$43.75 Filing Fee & Certified Copy

\$52.50 Filing Fee, Certificate of Status & Certified Copy

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

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DIVISION OF CORPORATIONS

ARTICLES OF CORRECTION

For

COMMUNITY HEALTH AND WELLNESS CENTER OF DORAL INC

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

N17000006221

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct NAME(onewordmissing)
(Document Type Being Corrected)

filed with the Department of State on JUNE 9 2017
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE NAME IS MISSING MENTAL AFTER COMMUNITY IT SHOULD READ

COMMUNITY MENTAL HEALTH AND WELLNESS CENTER OF DORAL INC

YOUR SYSTEM POPULATED THE FORM WITH THE MISSING "MENTAL"

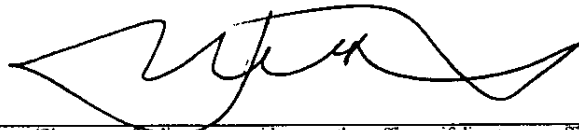
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DIVISION OF CORPORATIONS
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Correct the inaccuracy, incorrect statement, or defect:

NAME WAS POPULATED BY YOUR SYSTEM INCORRECTLY

THE NAME OF THE CORPORATION IS COMMUNITY MENTAL HEALTH AND

WELLNESS CENTER OF DORAL INC



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

DELIA ROSA KENNEDY

(Typed or printed name of person signing)

INCORPORATOR REGISTER

(Title of person signing)

Filing Fee: \$35.00