N19000000495

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2021 HAY 12 PH 1: I

A. Rutler

COVER LETTER

TO: Amendment Section Division of Corporations

A T I COMMUNITY CARE CENTER INC NAME OF CORPORATION:	
N19000000498	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
LUCY DENNIS	
(Name of Contact Pers	son)
ATI COMMUNITY CARE CENTER INC	
707 N 7th Street (Firm/Company) 707 N 7th Street # 933	
(Address)	
FORT PIERCE FLORIDA 34950	
(City/ State and Zip Co	ode)
lucydennisfavor@gmail.com	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please call:	
DOCT DISTANCE	772 626 8944
(Name of Contact Person)	Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida De	epartment of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Amendment Section Ame	eet Address endment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

A T I COMMUNITY CARE CENTER INC 2021 HAY 12 PH 1: 17 (Name of Corporation as currently filed with the Florida Dept. of State) N19000000498 (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: 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. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (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: __, Florida ____ 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.

no change IRO

Signature of New Registered Agent, if changing

and address of each Offi (Attach additional sheets, Please note the officer/dir P = President: V = Vice F	icer and/or Direct if necessary) rector title by the fi resident; T= Trea. = Chief Financial (irst letter of the office title; surer; S= Secretary; D= Director; TR= Trus Officer. If an officer/director holds more than	nee; C = Chairman or Clerk; CEO = Chief
Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	ves the corporation	n, Sally Smith is named the V and S. These sh	ST and Mike Jones is listed as the V. There is ould he noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	PT John De V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change Add			
Remove 2)ChangeAdd			
Remove 3) Change Add Remove	<u></u>		
4) Change Add			
Remove 5) Change Add			
Remove			
6) Change Add			
(attach additional she	ets, if necessary).	icles, enter change(s) here: (Be specific)	
Upon the dissolution of	the organization, a	ssets shall be distributed for one or more exer	npt purposes within the meaning of

tro

Section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be

distributed to the federal government, or to a state or local government, for a public purpose.

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	May 2, 20	N21			
The date of each amendment date this document was signed	l(s) adoption: May 3, 20		_	, if	other than the
	3. 2. 2021				
Effective date <u>if applicable</u> :	(no more the	ın 90 days after amer	idment file date)		
Note: If the date inserted in the				this date will not be li	sted as the
document's effective date on t	he Department of State's	records.	, <u>9 4m</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.

(CHECK ONE)

Adoption of Amendment(s)

Dated	May 3, 2021
Signature	LR Dennis
·	(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)
	LUCY DENNIS
	(Typed or printed name of person signing)
	VICE PRESIDENT, DIRECTOR