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## **COVER LETTER**

**TO:** Amendment Section . Division of Corporations

NAME OF CORPORATION: MENTAL HE	EALTH ASSOCIATION C	OF MIAMI DAI	DE COUNTY
DOCUMENT NUMBER: N1900000316			
The enclosed Articles of Amendment and fee a	re submitted for filing.		
Please return all correspondence concerning thi	is matter to the following:		
Barry J. White			
	(Name of Contact	Person)	
Mental Health Association of Miami Dade Cou	anty		
	(Firm/ Compa	nny)	
10001 SW 129 Terrace			
	(Address)		
Miami, Fl 33176			
	(City/ State and Zi	ip Code)	
bwtamia@bellsouth.net			
E-mail address: (to b	be used for future annual i	report notification	on)
For further information concerning this matter,	please call:		
Barry J White		305 at	251-1960
(Name of Contact I			(Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Florid	a Department o	f State:
□ \$35 Filing Fee □\$43.75 Filing Fe Certificate of \$	<del>-</del>	Cert. y is Cert (Add	50 Filing Fee ificate of Status ified Copy litional Copy is losed)
Mailing Address Amendment Section	7	Street Address Amendment Sec	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Mental Health Association of Miami Dade County, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N1900000316 (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 (Citv) (Zip Code) 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add		<del></del>	
Remove			
2) Change Add		<del></del>	
Remove 3) Change Add Remove			
4) Change Add			
Remove			<del></del>
5) Change Add			
Remove			
6) Change Add	<del></del>		
Remove			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: ssary). (Be specific)	
		Article III	
The specific purpose for v	vhich the	corporation is organized is:	
Said organization is organ	nized excl	lusively for charitable, educational and scientific pu	rposes, including for such purposes,
the making of distribution	is_to orga	nizations that qualify as exempt organizations descri	ied under Section 505 (C) (3) of the Int
or corresponding section	of any fu	ture federal tax code	

Section 501 (c)(3) of the Internal Revenue Code, or corresponding section of any future federa	al tax code, or shall be
distributed to the federal government, or to a state or local government, for a public purpose.	
	<del></del>
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September 23 2020	
The date of each amendment(s) adoption:  September 23, 2020  late this document was signed.	if other than the
September 23, 2020	
Effective date if applicable:  (no more than 90 days after amendment file date)	

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	September 22, 2020
Signature	Thurs Whate
_	(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)
	Barry J. White
	(Typed or printed name of person signing)
	President