

NAC 000000 9602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

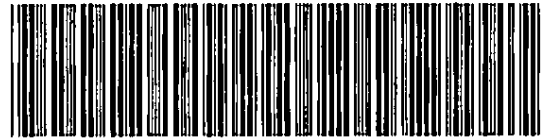
(Business Entity Name)

(Document Number)

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Amend
Name chg

AUG 01 2021

ALBRIGHTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: WERECOVER BEHAVIORAL COMMUNITY CENTER INC.

DOCUMENT NUMBER: N20000009602

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

Please return all correspondence concerning this matter to the following:

SHERRY VERTIL

(Name of Contact Person)

BELIEVE COMMUNITY SERVICES INC.

(Firm/ Company)

335 NE 48TH STREET #221

(Address)

DEERFIELD BEACH FL 33064

(City/ State and Zip Code)

BCS.INFO@BELIEVECOMMUNITYSERVICES.COM

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

For further information concerning this matter, please call:

ISLANDE MOMPREMIER

(Name of Contact Person)

954

at

(Area Code)

774-6423

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

WERECOVER BEHAVIORAL COMMUNITY CENTER INC.

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

N20000009602

(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:

HOLISTIC COMMUNITY RECOVERY SERVICES INC.

The new

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:

5370 NW 88TH AVENUE SUITE A201

(Principal office address **MUST BE A STREET ADDRESS**)

SUNRISE FL 33351

C. Enter new mailing address, if applicable:

5370 NW 88TH AVENUE SUITE A201

(Mailing address **MAY BE A POST OFFICE BOX**)

SUNRISE FL 33351

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:

N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

Florida

(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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PD</u>	<u>MARC LOUIS-JEAN</u>	<u>8304 west Oakland Park Blvd</u> <u>SUNRISE, FL 33351</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VPD</u>	<u>ALFRED J. CASTIN</u>	<u>8304 west Oakland Park Blvd</u> <u>SUNRISE, FL 33351</u>
3) <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>JACQUES PIERRE LOUIS</u>	<u>8304 West Oakland Park Blvd</u> <u>SUNRISE, FL 33351</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PD</u>	<u>LAURENCE ESTIME</u>	<u>5370 NW 88TH AVENUE</u> <u>SUITE A201</u> <u>SUNRISE FL 33351</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP/S/D</u>	<u>ISLANDE MOMPRIER</u>	<u>5370 NW 88TH AVENUE</u> <u>SUITE A201</u> <u>SUNRISE FL 33351</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u></u>	<u></u>	<u></u> <u></u> <u></u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

PLEASE REMOVE THE FOLLOWING BOARD MEMBERS: MARC LOUIS-JEAN, ALFRED J. CASTIN,
JACQUES PIERRE LOUIS ADD NEW BOARD MEMBER: LAURENCE ESTIME PRESIDENT DIRECTOR
CHANGE EXISTING BOARD MEMBER: ISLANDE MOMPRIER TO VICE PRESIDENT/SECRETARY DIRECTOR
CHANGE PRIMARY AND MAILING ADDRESS TO 5370 NW 88TH AVENUE SUITE A201, SUNRISE FL 33351

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

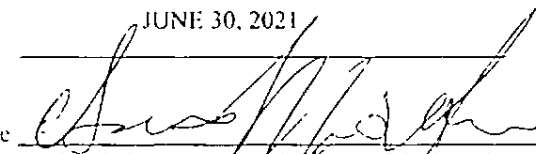
Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(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 JUNE 30, 2021

Signature



(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)

ISLANDE MOMPREMIER

(Typed or printed name of person signing)

VICE PRESIDENT/SECRETARY/INCORPORATOR

(Title of person signing)