N26365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ✓

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FILED
05 MAR 17 PM 4:00

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ALLIANCE FOR THE MENTALLY ILL OF WEST PASCO, INC

DOCUMENT NUMBER: N26365

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

Please return all correspondence concerning this matter to the following:

K. JOY PILLION
(Name of Contact Person)

NAMI PASCO COUNTY, FL, INC
(Firm/ Company)

PO BOX 412
(Address)

ELFERS, FLORIDA 34680
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

K. JOY PILLION at (727) 849-0488
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $35 Filing Fee ☑ $43.75 Filing Fee & Certificate of Status ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ $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
409 E. Gaines Street
Tallahassee, FL 32399

RE: N 26365
missing form

March 14 2005

Dear Ms. Lewis,

I am sorry to have missed enclosing the amendment form.

Thank you for your call

If you need any more info please call me

K.J. Pelton
727-849-0485

Name change
from
Alliance for the Mentally Ill
of West Pasco

NAMI Pasco County Florida, Inc.

The Nation's Voice on Mental Illness

March 7, 2005

Amendment Section (Corporate Name Change)
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Sir or Madam:

Enclosed is the Amendment to the Articles of Incorporation for a Florida not-for-profit corporation.

The amendment is to officially change our name:

From: **Alliance for the Mentally Ill of West Pasco, Inc.**
Document Number: N26365

To: **NAMI Pasco County, Florida, Inc.**

Enclosed is a check for $43.75 for Filing fee & Certification.

Please return all correspondence concerning this matter to:
NAMI Pasco County, Florida, Inc.
P.O. Box 412
Elfers, Florida 34680

If you need more information please call:
K. Joy Pillion – Secretary, 2005
Tel Number 727-849-0488 or 727-992-6268

Thank you for your help,

Signed: Mary Licitra

Mary Licitra,
President, 2005

Articles of Amendment
to
Articles of Incorporation
of

ALLIANCE FOR THE MENTALLY ILL OF WEST PASCO, INC.

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

N26365

(Document number of corporation (if known)

FILED
MAR 17 PM 4:00

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:

NEW CORPORATE NAME (if changing):

NAMI Pasco County, FLORIDA, INC.

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

(Attach additional pages if necessary)
(continued)

The date of adoption of the amendment(s) was: March 7, 2005

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 was sufficient for approval.

☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this 7th day of March, 2005.

Signature K. Joy Pillion
(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.)

K. JOY PILLION
(Typed or printed name of person signing)

SECRETARY
(Title of person signing)

FILING FEE: $35