

# N28896

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

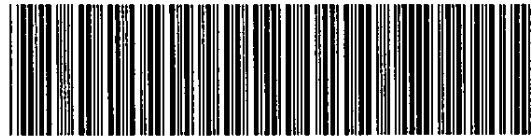
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
13 OCT -2 PM 12:17

OCT -3 2013

T. CARTER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 18, 2013

JUAN MARTIN  
MAEMI  
719 S 15 AVENUE  
HOLLYWOOD, FL 33020 US

SUBJECT: NATIONAL ART EXHIBITIONS OF THE MENTALLY ILL, INC.  
Ref. Number: N28896

We have received your document for NATIONAL ART EXHIBITIONS OF THE MENTALLY ILL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the title(s) of each officer in your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter  
Regulatory Specialist

Letter Number: 713A00021995

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: NATIONAL ART EXHIBITION OF THE MENTALLY ILL INC  
DOCUMENT NUMBER: N 28896

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

Please return all correspondence concerning this matter to the following:

JUAN MARTIN

Name of Contact Person

NAEMI

Firm/ Company

719 S 15 AVE

Address

HOLLYWOOD FL 33020

City/ State and Zip Code

NAEMI@bellsouth.net

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

For further information concerning this matter, please call:

JUAN MARTIN

Name of Contact Person

at ( 954 ) 922 8692

Area Code & Daytime Telephone Number

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

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

13 OCT -2 PM 12:17

NATIONAL ART Exhibitions of The Mentally ill Inc  
(Name of Corporation as currently filed with the Florida Dept. of State)

N 28896

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

N/A

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

N/A

**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:

(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:

X Change      PT      John Doe

X Remove      V      Mike Jones

X Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Executive Director</u>	<u>JUAN MARTIN</u>	<u>719 S 15 Ave</u> <u>Hollywood</u> <u>FL 33020</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>President</u>	<u>DENISE HITE</u>	<u>20821 NW 1<sup>ST</sup> ST</u> <u>Pembroke Pines</u> <u>FL 33029</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Vice President</u>	<u>DANIEL CASTELLANOS</u> <u>MD</u>	<u>1600 South Andrews Ave</u> <u>Suite 1090</u> <u>FT Lauderdale</u> <u>FL 33316</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Treasurer</u>	<u>Richard OREIZA</u>	<u>400 SW 107 Ave</u> <u>Miami FL 33174</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Member at Large</u>	<u>JANET KROP</u>	<u>1926 Harrison ST</u> <u>Hollywood FL</u> <u>33020</u>
6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Member at Large</u>	<u>STEVE TOTH</u>	<u>1926 Funston ST</u> <u>Hollywood FL</u> <u>33020</u>

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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- 1) ☒ Change Member at Large SILVIA QUINTANA 1715 SE 4TH Ave  
FT Lauderdale  
FL 33316  
☐ Add  
☐ Remove
- 2) ☒ Change Member at Large VICTOR ZION MD 5045 Lakeview Dr  
Miami Beach FL  
33140  
☐ Add  
☐ Remove
- 3) ☒ Change Member at Large ALICIA CARRAZANA MD 214 Almeria Ave  
Coral Gables  
FL 33134  
☐ Add  
☐ Remove
- 4) ☒ Change Member at Large HOLLY BEDOTTO PsyD 400 NE 36TH ST  
MIAMI FL 33137  
☐ Add  
☐ Remove
- 5) ☒ Change Member at Large JACQUI MAY 3851 NE 21ST #16  
Lighthouse Point  
FL 33064  
☐ Add  
☐ Remove
- 6) ☒ Change Member at Large HILDA FLORIANCH 401 NW 2nd Ave  
Suite N 812  
MIAMI FL 33128  
☐ Add  
☐ Remove

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

*(Attach additional sheets, if necessary). (Be specific)*

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

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 shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 9/9/13

Signature

[Signature] Executive Director  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Juan Martin  
(Typed or printed name of person signing)

\_\_\_\_\_  
(Title of person signing)