

1193000005197

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

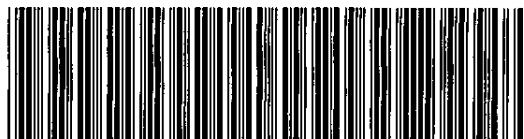
(Business Entity Name)

(Document Number)

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10/25/07--01015--022 **35.00

Amend

FILED

07 DEC 17 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts DEC 17 2007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 21 , 2007

STACY JUSTISS
FLORIDA INSTITUTE FOR FAMILY INVOLVEMENT
49 CHRISTY LANE
SOPCHOPPY, FL 32358

SUBJECT: THE FLORIDA FEDERATION OF FAMILIES FOR CHILDREN'S
MENTAL HEALTH, INC.
Ref. Number: N93000005197

We have received your document for THE FLORIDA FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH, 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):

It appears that you completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience. 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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 007 A00066857

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Florida Federation of Families for Children's Mental Health,
INC _____

DOCUMENT NUMBER: N93000005197 _____

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

Please return all correspondence concerning this matter to the following:

Stacy Justiss

Florida Institute for Family Involvement

P.O. Box 208

Sopchoppy, FL 32358

For further information concerning this matter, please call:

_____ at (Stacy Justiss _____ 1-877-926-3514 _____
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

**X \$35 Filing Fee
(already Sub
mitted filing
fee, see
attached
letter)**

**\$43.75 Filing Fee &
Certificate of Status**

**0\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)**

**D \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to
Articles of Incorporation of

**The Florida Federation of Families
for Children's Mental Health, INC .**

FILED

07 DEC 17 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N93000005197

Pursuant to the provisions of section 6] 7.] 006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if change):

(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)

Delete President:

Sandra Nasca

299 S. Roscoe Blvd.

Ponte Verda Beach, FL 32082

Add President:

Sheree Keeler

5 Magnolia Ridge

Crawfordville, FL 32327

The date of adoption of the amendment(s) was: September 8, 2007 _____

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.

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.)

Stacy Justiss

Executive Director

FILING FEE: \$35