N97000003822

(Reque	estor's Name)		
(Addre	ss)		
(Addre	ss)		
(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL	
(Busine	ess Entity Nam	ne)	
(Docum	nent Number)		
Certified Copies	Certificates	of Status	
Special Instructions to Filir	g Officer:		
		1	
		}	

Office Use Only



600017798616

05/06/03--01023--016 **43.75

aneil

BIN -6 MID 18

AJR 5/15/03

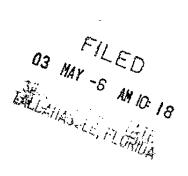
TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Pathway Behaviroal Hea	Ith Services, Inc.		
DOCUMENT NUMBER: N9700000	2822		
The enclosed Articles of Correction and f	ee are submitted for filing.		
Please return all correspondence concerni	ng this matter to the following:		
Sonya Reese			
(Name of Person)	· · · · · · · · · · · · · · · · · · ·		
Pathway Behavioral Services, Inc.			
(Name of Firm/Company)	,		
2230 NW 152nd Terrace			
(Address)			
Miami, Florida 33054			
(City/State and Zip Code For further information concerning this m			
Sonya Reese	at (305 803-7493 (Area Code & Daytime Telephone Number)		
(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amo	ount:		
□ \$35.00 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Status		
□ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy		
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations		
O. Box 6327 409 E. Gaines Street Illahassee, Florida 32314 Tallahassee, Florida 32399			

ARTICLES OF AMENDMENT

to

ARTICLES OF INCORPORATION



-- -- -- --

of

(present	name)			
N9700002822	.:			
(Document Number of C	Corporation (If k	nown)	· ·	

Pursuant to the provisions of section 617.1006, Florida Statutes, the undersigned Florida nonprofit corporation adopts the following articles of amendment to its articles of incorporation.

Amendment(s) adopted: (INDICATE ARTICLE NUMBER (S) BEING AMENDED, ADDED OR DELETED.)

Article I, Section 2. (d) The mission is to proivde quality comprehensive support services to women, their children and families. The services are designed to reduce barriers in care and are tailored to the needs of each recipient.

SECONE	: The date of adoption of the amendr	nent(s) was: April 17, 2003
THIRD:	Adoption of Amendment (CHECK ON	е)
	The amendment(s) was(were) adoption cast for the amendment was suffice	ted by the members and the number of votes ient for approval.
	There are no members or members amendment(s) was(were) adopted	entitled to vote on the amendment. The by the board of directors.
	Therei A	Sawyer
	Signature of Chairman, Vice Cha	irman, President or other officer
	Sheria A. Sawyer	<u></u>
	Typed or pr	inted name
Board of Director		April 21, 2003
	Title	Date