

N980000002468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

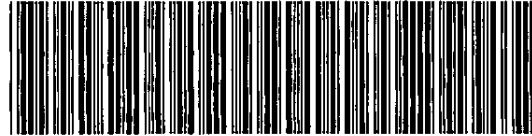
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NAMI Marion County, Inc.

DOCUMENT NUMBER: N98000002468

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

Please return all correspondence concerning this matter to the following:

Gerry Brent

Name of Contact Person

NAMI Marion County, Inc.

Firm/ Company

P.O. Box 5753

Address

Ocala, FL 34478-5753

City/ State and Zip Code

executivedirector@namiocala.org

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

For further information concerning this matter, please call:

Gerry Brent

at (352) 236-0483

Name of Contact Person

Area Code & Daytime Telephone Number

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

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

Articles of Amendment
to
Articles of Incorporation
of

NATIONAL ALLIANCE ON MENTAL ILLNESS OF MARION COUNTY INC.

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

N9800002468

(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:

NAMI Marion County, 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:

N/A

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

C. Enter new mailing address, if applicable:

N/A

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

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	P	Rodney Smith	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	P	Stephen Quintyne	The Vines
<input type="checkbox"/> Add			3139 SW 27th Avenue
<input type="checkbox"/> Remove			Ocala, FL 34471
3) <input checked="" type="checkbox"/> Change	VP	Diana Williams	Principal Financial Group
<input type="checkbox"/> Add			50 SE 16th Avenue
<input type="checkbox"/> Remove			Ocala, FL 34470
4) <input type="checkbox"/> Change	D	Donald J. Baracksky	The Centers
<input checked="" type="checkbox"/> Add			5664 SW 60th Avenue
<input type="checkbox"/> Remove			Ocala, FL 34474
5) <input type="checkbox"/> Change	D	Luis C. Isaza	15800 SW 14th Avenue Road
<input checked="" type="checkbox"/> Add			Dunnellon, FL 34473
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	D	Rodney Smith	
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) adoption: 3/13/18, if other than the date this document was signed.

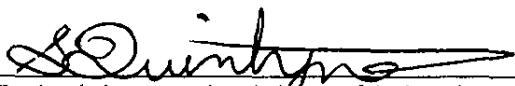
Effective date if applicable: 3/13/18
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 7-18-18

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)

Stephen C. Quintyne
(Typed or printed name of person signing)

Board President
(Title of person signing)