# P01000120256

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Amend

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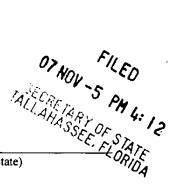
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: LIGHTHOU	SE COMMUNITY MENTAL HEALT	H CENTER, INC
DOCUMENT NUMBER: P0100012025	6	
The enclosed Articles of Amendment and fee	e are submitted for filing.	
Please return all correspondence concerning to	this matter to the following:	
Kenneth Lieberman		
(Nam	ne of Contact Person)	
Lieberman & Associate	es P.A.	
(Firm/ Company)		
800 E Cypress Creek Rd, Ste 200		
	(Address)	
FT LAUDERDALE, FL 333	10.4	
	/ State and Zip Code)	
For further information concerning this matte	er, please call:	
Kenneth Lieberman	at ( <u>954</u> ) 491-041	
(Name of Contact Person)	(Area Code & Daytime 1	Celephone Number)
Enclosed is a check for the following amount	<b>::</b>	
\$35 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 Circ Tallahassee, FL 32301	cle

#### Articles of Amendment to Articles of Incorporation of



#### LIGHTHOUSE COMMUNITY MENTAL HEALTH CENTER, INC.

P01000120256

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

(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:
NEW CORPORATE NAME (if changing):
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
ARTICLE V: - OFFICERS AND/OR DIRECTORS.
Michael Mendoza, President
13453 SW 66 Terrace, Miami, FL 33183
Juan Puig, Secretary
13453 SW 66 Terrace, Miami, FL 33183
(Attach additional pages if necessary)
If an amendment provides for 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

(continued)

# Lighthouse Community Mental Health Center P01000120256

Amendment Adopted

### ARTICLE VI Registered Agent

Michael Mendoza 13453 SW 66 Terrace, Miami, FL 33183

Having been named as Registered Agent to accept service of process for the above stated corporation, I am familiar with and accept the appointment as Registered Agent and agree to act in this capacity.

Signature/Registered Agent

Signature/Incorporator

Date

Date

The date of each amendment(s) adoption: 10/15/07.
Effective date if applicable: 10/15/07  (no more than 90 days after amendment file date)
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
The amendment(s) was/were approved 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.
Signature
(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)
Michael Mendoza, President
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

FILING FEE: \$35