# 105000007944

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TALLAHASSEE, FLORID

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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: Precision Ment	al Health Solution, Inc.	
DOCUMENT NU	JMBER: P05000007944		····
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	is matter to the following:	
	Ada	m Colucci	
	(Name	of Contact Person)	
	(Fi	rm/ Company)	<del></del>
	1331 North	west 116th Avenue	
<u></u>		(Address)	
		ion, FL 33323 tate/ and Zip Code)	·
For further inform	ation concerning this matter,	- '	
Adam Colucci		at ( 954) 474-9706	
(Name of Contact Person)		(Area Code & Daytime	e Telephone Number)
Enclosed is a chec	k for the following amount:		
☑ \$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 Statu Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section of Corporation of	orations eet



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 22, 2005

ADAM COLUCCI 1331 NW 116TH AVENUE PLANTATION, FL 33323

SUBJECT: PRECISION MENTAL HEALTH SOLUTION, INC.

Ref. Number: P05000007944

We have received your document for PRECISION MENTAL HEALTH SOLUTION, 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):



The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.



# Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The date of adoption of each amendment must be included in the document.

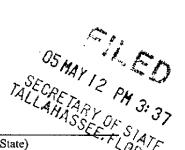
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist

Letter Number: 205A00027881

# Articles of Amendment to Articles of Incorporation of



# Precision Mental Health Solutions, Inc.

(1 miles of corporate	ion as currently	filed with the Flori	ida Dept. of	State)	101
	P050000	07944			
(Docu	ment number o	of corporation (if kn	own)		
Pursuant to the provisions of section 6 adopts the following amendment(s) to				a Profit Corpo	ration
NEW CORPORATE NAME (if cha	inging):				
Center For Personal Growth, Inc.		CENTER			
(Must contain the word "corporation," "comp (A professional corporation must contain the	any," or "incor word "chartere	porated" or the abbi d", "professional as	reviation "C sociation,"	orp.," "Inc.," or ' or the abbreviation	'Co.") on "P.A.")
AMENDMENTS ADOPTED- (OTF and/or Article Title(s) being amended				ate Article Nu	ımber(s)
					······································
<del></del>		· · · · · · · · · · · · · · · · · · ·		·=·	
	44-41-3144	I pages if necessary	`		<del></del>

(continued)

The date of eac	h amendment(s) adoption:	FEBRUARY 28, 2005
Effective date i	f applicable:	
	(no more than 9	0 days after amendment file date)
Adoption of Ar	nendment(s) (CHEC	CK ONE)
		oved by the shareholders. The number of votes cast for ders was/were sufficient for approval.
follo		roved by the shareholders through voting groups. The rately provided for each voting group entitled to vote
11		the amendment(s) was/were sufficient for approval by
-		(voting group)
and : □ The	shareholder action was not re- amendment(s) was/were adop	ted by the incorporators without shareholder action and
share	eholder action was not require	ed.
Signed this1	day of March	
S		tor other officer - if directors or officers have not been orator - if in the hands of a receiver, trustee, or other court that fiduciary)
	Adam Colucci	
	(Туре	d or printed name of person signing)
	President	
		(Title of person signing)

FILING FEE: \$35