P06000119712

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #/)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
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2021 JUN 14 AM 9: 28
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

REGEN 30

TO: Amendment Section Division of Corporations 2021 JUN -8 PM 1:16

NAME OF CORP	ORATION:	ES COMMONTET MENT	AL HEALTH CENTER INC:
	MBER: P06000011972		
The enclosed Artici	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	NINOTCHKA HECHT		
		Name of Contact Person	1
	FAST FILING SERVICES L	LC	
		Firm/ Company	
	10450 NW 33RD ST STE 30	5	
		Address	
	DORAL FL 33172		
		City/ State and Zip Code	:
	fastfilingservices@gmail.com	1	
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	tion concerning this matter, pleas	se call:	
Ninotchka Hecht		786 at (762-2048
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dept	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

FILED

IMPROVING LIVES COMMUNITY MENTAL HEALTH CENTER, INC.

2021 JUN 14 AM 9: 28

IMPROVING LIVES COMMUNITY MENTAL HEALTH	CENTERLING ZUZI JUN 14 AM 9: 28
(Name of Corporation as o	currently filed with the Florida Dept. of State)
P06000011972	SECRETARY OF STATE TAILAMASSEE, EL
(Document N	umber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statuits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpora	ation:
N/A	The new
	tion," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	7171 SW 62nd Ave.
(Principal office address <u>MUST BE A STREET ADDRESS</u>	Sie 300
	MIAMI FL 33143
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	7171 SW 62nd Ave
	Ste 300
	Miami FL 33143
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent w/a	
· · · · · · · · · · · · · · · · · · ·	lorida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	d Agent:
I hereby accept the appointment as registered agent. I am fo	amiliar with and accept the obligations of the position.
Signature o	of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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: X Change	<u>PT</u>	John Doe		
X Remove	\underline{V}	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change		_	 	
Add				
Remove				
2) Change			 	
Add				
Remove 3) Change		<u>.</u> .	 	
Add				
Remove				
4) Change			 	
Add				
Remove				
51 Change		_	 	
Add				
Remove				
6) Change			 	
Add				
Remove				

 If amending or adding additional At (Attach additional sheets, if necessary) 	rticles, enter change(s) here). (Be specific)	:	
N/A			
		 	
			 ,
		,	
	,		
			· · · · · · · · ·
<u></u>			
F. <u>If an amendment provides for an ex</u>	change, reclassification, or	cancellation of issued shares.	•
provisions for implementing the an	nendment if not contained is	n the amendment itself:	
(if not applicable, indicate N/A)			
N/A			
	·•		
			
		-	
		<u> </u>	
		• •	

	05/28/2021	
The date of each amendment(s)	adoption;	, if other than the
date this document was signed.		
	5/28/2021	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	idopted by the incorporators, or board of directors without shareholder ac	ction and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	ni(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by	**	
-	(voting group)	
05/28/20	21	
Dated		
Signature 4	uis G. Cisneros director, president or other officer - if directors or officers have not bee	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other economic fiduciary by that fiduciary)	n purt
	LUIS CISNEROS	
	(Typed or printed name of person signing)	-
	DIRECTOR	
	(Title of person signing)	