## P01000124637

(1	Requestor's Name)	
(/	Address)	
(/	Address)	
((	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(1)	Business Entity Name)	
	Document Number)	
Certified Copies	Certificates of \$	Status
Special Instructions	to Filing Officer:	

Office Use Only

 $\Gamma \Lambda I$ 



100328151351

100328151351 05/14/19--01003--012 \*\*\*35.00

RAMINAY IN THE LOCAL

19 MAY 14 AMII:

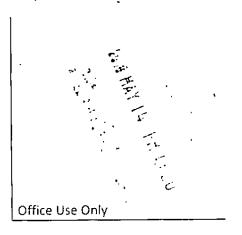
BECEIVED





1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994

Email: filing@ecfsfiling.com



## CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

(CORPORATE NAM	ia H. Fuertes, L.M.	OOCUMENT #)
2. (CORPORATE NAM	IE) (C	OOCUMENT #)
3. (CORPORATE NAM	1E) (C	DOCUMENT#)
□ Walk-In	Pick up time: Certified Copy	Certificate Of Status
	Pick up time: Certified Copy	
New Filings		Other Filings Annual Report
	Amendments	Other Filings
New Filings Profit	Amendments  Amendments	Other Filings Annual Report
New Filings Profit Non-Profit	Amendments Amendments Resignation	Other Filings  Annual Report  Fictitious Name

Examiners Initials

## Articles of Amendment to Articles of Incorporation of

CYNTHIA M. FUENTES, L.M.H.C., P.A.

(Name	of Corporation as current	ly filed with the Florida Dept. of State)		<del></del>
P07000124637			•	ž.
<u> </u>	(Document Number o	of Corporation (if known)		<u></u>
Pursuant to the provisions of section 60 its Articles of Incorporation:	7.1006, Florida Statutes, this	Florida Profit Corporation adopts the follow	ving amendme	nt(s) to
A. If amending name, enter the new t	name of the corporation:			
MIND & BEHAVIORAL SOLUTIONS				
name must be distinguishable and co "Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associ	nation "Corp." "Inc." or '	on," "company," or "incorporated" or the "Co". A professional corporation name must P.A."	The new abbreviation st contain the	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )		8249 NW 36th STREET STE: 102		
		MIAMI, FL 33166	·-	
			~ <del>-</del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		11996 SW 97th STREET		
		MIAMI, FL 33186		
D. If amending the registered agent at new registered agent and/or the ne	nd/or registered office addr w registered office address	ess in Florida, enter the name of the		
Name of New Registered Agent	CYNTHIA M. CRUZ	<del>-</del>		
Stane of New Registered Agent	11996 SW 97th STREET		_	
	(Florida stre	vet address)	_	
New Registered Office Address:	МІАМІ	, Florida 33186		
		511	Codej	
New Registered Agent's Signature, if e hereby accept the appointment as regist	ered agent. I am jamiliar si	ith and accept the obligations of the position. ? - 2		
	Signatury of New Re	egistered 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.

X Change	<u>PT</u>	John Due	
$\underline{X}$ Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) XX Change	PD	CYNTHIA M. CRUZ	11996 SW 97th STREET
Add			MIAMI, FL 33186
Remove			
2) Change			
Add			
Remove			
3)Change		_	-
Add			<del></del>
Remove			
4) Change	~		
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
	<del></del>
<del></del>	<del></del>
	<u> </u>
·	
ovisions for implementing the agent	tange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
77	
<del></del>	
	<del></del>

The date of each amendment(s) a	05/13/2019 doption:	, if other than the
date this document was signed.		ii other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	plock does not meet the applicable statutory filing requirements, this date we epartment of State's records.	ill not be fisted as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad- by the shareholders was/were sa	opted by the shareholders. The number of votes east for the amendment(s) officient for approval.	
☐ The amendment(s) was/were approvided for must be separately provided for	proved by the shareholders through voting groups. The following statement 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)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated5/	13/19	
Signature	Merz.	
selected	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	_
	CYNTHIA M. CRUZ	
	(Typed or printed name of person signing)	
	PD	
•	(Title of person signing)	