

# PO9000051959

Florida Department of State  
Division of Corporations  
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Account Number : 072450003255  
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN

OPEN ARMS COMMUNITY MENTAL HEALTH CENTER, INC.

Certificate of Status	0
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June 22, 2009

FLORIDA DEPARTMENT OF STATE

Division of Corporations

OPEN ARMS COMMUNITY MENTAL HEALTH CENTER, INC.  
5068 SW 139TH AVENUE  
MIRAMAR, FL 33027

SUBJECT: OPEN ARMS COMMUNITY MENTAL HEALTH CENTER, INC.  
REF: P09000051959

We have received your document for OPEN ARMS COMMUNITY MENTAL HEALTH CENTER, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6957.

Tracy L Lemieux  
Regulatory Specialist II

FAX Aud. #: H09000147038  
Letter Number: 109A00021095

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment  
to  
Articles of Incorporation  
of

#09 000147038

OPEN ARMS COMMUNITY MENTAL HEALTH CENTER, INC.

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

P09000051959

(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:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**C. Enter new mailing address, if applicable:**

(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:

New Registered Office Address:

(Florida street address)

(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

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TALLAHASSEE, FLORIDA

**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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VPD	PIERRE MOREAU	16298 S.W. 18th ST MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
SD	FREUD FRANCOIS	3601 N.E. 170th ST., #405 NORTH MIAMI BEACH FLORIDA 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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)*

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**F. If an amendment provides for an 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)*

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The date of each amendment(s) adoption: 06-15-09 #09000147038  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted 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.

Dated JUNE 19, 2009

Signature Nehemy Cher-Frere  
(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)

NEHEMY CHER-FRERE  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

#09000147038