## P11000024680

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Mahmoud I	Hassan, LMHC I	PA
DOCUMENT NUMB	<sub>ER:</sub> P1100002468	0	
	f Amendment and fee are su		
Please return all corresp	oondence concerning this ma	tter to the following:	
	Mahmoud Hassa	n	
-		Name of Contact Persor	)
	Mahmoud Hassa	n, LMHC PA	
-		Firm/ Company	
	8910 N. Dale Ma	bry Hwy Ste. 12	)
-		Address	
•	Tampa, FL 3361	4	
-		City/ State and Zip Code	e
mad	c.counseling@gm	nail.com	
		sed for future annual report	notification)
			,
For further information	concerning this matter, pleas	se call:	
Mahmoud Ha	ssan	at (813	389-3930
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$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 Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle eassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

	OI			
Mahmoud Hassan, LMH	C PA			
(Name of Corporation as	currently filed with the Flo	rida Dept. of State)		
P11000024680				
(Documen	Number of Corporation (if I	known)		<del>_</del>
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this F	lorida Profit Corpord	ation adopts the follow	ing amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
MH, LMHC PA				The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associat	ation "Corp," "Inc," or "C	o". A professional o		
B. Enter new principal office address, i (Principal office address <u>MUST BE A ST</u>				12 JUL
C. Enter new mailing address, if applic (Mailing address MAY BE A POST C	<u>cable:</u> DFFICE BOX)		C F	FILES
D. If amending the registered agent and new registered agent and/or the new		ss in Florida, enter t	the name of the	_
Name of New Registered Agent	Mahmoud Hassa	n		
	8910 N Dale Ma	abry Hwy Ste	e 12	
	(Florida stree	et address)	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Tampa	, 1	Florida 33614	
	(City)		(Zip Code)	
New Registered Agent's Signature, if ch		til med menned de 11	Handana of the activity	_

Stgnature of New Registered 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.

Example: X Change	<u>PT</u>	John D	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) X Change	PD		Mahmoud Hassan	8910 N Dale Mabry Hwy
Add				Suite 12
Remove				Tampa, FL 33614
2) Change	D		Alexander C. Smith	8910 N Dale Mabry Hwy
X				Suite 12
Remove				Tampa, FL 33614
3) Change	D		Marilee Hayman	8910 N Dale Mabry Hwy
X Add				Suite 12
Remove				Tampa, FL 33614
4) Change		_		
Add				
Remove				<del></del>
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

\ttacl	ending or adding a additional sheet	ts, if necessary).	(Be specifi	(c)			
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f an a	mendment prov	vides for an excl	iange, reclas	sification, or	cancellation o	f issued shares,	1
prov (	isions for impler if not applicable,	nenting the ame indicate N/A)	enament it n	ot contained i	n the amenam	ent itseii:	
				<u> </u>	· - · · · · · · · · · · · · · · · · · ·		
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The date of each amendment(s	) adoption: 07-24-2012
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
■ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated_07-24	4-2012
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
-FF	Mahmoud Hassan
	(Typed or printed name of person signing)
	PD
	(Title of person signing)