P1900000 6633

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SECULTANO FOLLAR SECULTANO FOLLAR GALLANASSEE, FLORIDA

AUG 2 6 2019 S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF C	ORPORATION: <u>ASC</u>	COMMUNITY M	ental Health	h wp.	
DOCUMENT	NUMBER: PLADO	<u>10006633</u>		_	
The enclosed A	Articles of Amendment and fee are s	ubmitted for filing.			
Please return a	ll correspondence concerning this ma	atter to the following:	1		
	Anisley	Name of Contact Perso			
	HAI MONITING	Firm/ Company	Therapy Cen	TU WIP	
	1419 W Waters Ave 117				
	tam	pa / 33	601		
Amount of the Control of Control	•	City/ State and Zip Cod	e		
	E-mail address: (to be u	Sed for future annual report	notification)	-	
For further info	ormation concerning this matter, plea	se call:			
Ani	Slev Lanza DI Name of Contact Person	42 at (813 Area Co	de & Daytime Telephone Nu	nnber	
Enclosed is a c	heck for the following amount made		ĺ		
\$35 Filing	Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	Mailing Address Amendment Section		Address		
	Division of Corporations		lment Section on of Corporations		
attential in fact that the silver of the	P.O. Box 6327 Tallahassee, FL 32314	Clifton	Building		

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

ASC Community Men-	tal Health wip
	filed with the Florida Dept. of State)
719000006633	1
(Document Number of O	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
HEVMONIZING + SOOTHING INLICATION TO THE AMERICAN THE MENT OF THE AMERICAN THE MENT OF THE ABOVE	""company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	Jampa R 33604
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1419 w waters ave Suite 117
D. If amending the registered agent and/or registered office addre	SS in Florida, enter the name of the
new registered agent and/or the new registered office address:	1 .
Name of New Registered Agent ANIS	Lanza D142
(Florida stree	Waters AUC + 117
New Registered Office Address: GMP	Florida 33604
Sew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.

address of each Officer (Attach additional sheets Please note the officer/di P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted	and/or D if necess frector titl President Chief I r, Director fin the for wes the co	irector being added: ary) e by the first letter of the office title: : T= Treasurer: S= Secretary; D= . Sinancial Officer. If an officer/direct or would be PTD. Howing manner. Currently John Do orporation, Sally Smith is named the	Director; TR= Tri tor holds more th e is listed as the P	custee: C = Chairman or Clerk; CEO = Chief han one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Doe		
X Remove	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) Change	P	TasseD142, VC	rdanka	2460 SW 137th Arc Suite 254
Add Remove		, .		Suite 254 MIAMI R 33175
2) Change	VP	Falero Zui	nnia F	2460 SW 137th AVC Sy1+2 254
Remove 3) Change Add Remove	P	Lanza Diaz	<u>Ani</u> sle	MIAMI R 33173 4 14141 W Waters AVE Sulte 117 Tampa R 33604
4) Change Add Remove				
5) Change Add				
Remove				
Add				<u> </u>

_ Remove

(Attach additional sheets, if necessary). (Be specific)	
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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)	İ
	 -

The date of each amendment(s) adoption: date this document was signed.	05	112	1019		if other than the
Effective date if applicable:	08	12/	2019		1
	(no more l	han 90 da	ys after am <mark>e</mark> ndme	nt file date)	
Note: If the date inserted in this block does not document's effective date on the Department of S			statutory filing r	equirements, this	date will not be listed as the
Adoption of Amendment(s) (CHI	ECK ONE))			
The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for a		s. The nur	nber of votes cast	for the amendme	nt(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting					ement
"The number of votes cast for the amend	iment(s) wa	as/were su	fficient for approv	ral	
by				·	
(voti	ng group)) 1
. The amondment(s) was/were adopted by the baction was not required.	oard of dire	ectors with	out shareholder a	ction and shareho	older
☐ The amendment(s) was/were adopted by the is action was not required.	ncorporator	s without	shareholder action	and shareholder	
DatedOB 12	2019	<u> </u>	_		
(By a director, president	lent or othe	r officer –	if directors or off	icers have not be	-
selected, by an incor	porator – it	in the har			
appointed fiduciary	by that fidu	ciary)			
-An	islu	11	INZU D	142	
(.	. ypea or pri	inted name	e or person signing	<u>{</u>)	
	1	resid	lent		
	+ (Title of pe	rson signing)		