PZC OCCC39691

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2020 OCT -1 PH 4: 03
SECRETARY OF STATE

11/10/20

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: OPEN HEART BE	HAVIORAL CENTER IN	<u>C.</u>
DOCUMENT NUMBI	P20000039894		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
•	YANET ALONSO		
_ J	P FINANCE CORP	Name of Contact Persor	1
-	7610 NW 186TH ST	Firm/ Company	
	HALEAH, FL 33015	Address	
-		City/ State and Zip Code	-
y	/anet@jpfmail.com		
_	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, please	se call:	
YANET ALONSO		at (305	
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. I	ng Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The C	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

FILED

OPEN HEART BEHAVIORAL CENTE		2020 OCT -1 PM 4: U3
(Name (of Corporation as curren	tly filed with the Florida Dept. of State) SECRETARY OF STATE
P20000039891		IALLAHASSEE, FL
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
OPEN HEART BEHAVIORAL CENTE	R INC .	The new
	Corp," "Inc." or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word "
B. Enter new principal office address,	if applicable:	3802 EHRLICH RD.
(Principal office address <u>MUST BE A S</u>		SUITE # 304
		TAMPA, FL 33624
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3802 EHRLICH RD.
		SUITE # 304
		TAMPA, FL 33624
D. If amending the registered agent an new registered agent and/or the ne	w registered office addre	55:
Name of New Registered Agent	MANUEL DIAZ HERNANDEZ	
	6004 MURRAY HILL D	OR .
	,	treet address)
New Registered Office Address:	TAMPA	, Florida
		(City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		nt: - with and accept the obligations of the position.
	9	
	Signature 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)

Cramplar

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> <u>Joł</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
\underline{X} Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PT	MANUEL DIAZ HERNANDEZ	6004 MURRAY HILL DR
Add			TAMPA, FL 33615
Remove			
2) Change	PT	ALEXIS MONTERREY	6004 MURRAY HILL DR
X Add			TAMPA, FL 33615
Remove 3) Change	PT	MAYELIN MONTERREY	7234 W 30TH AVE
Add			HIALEAH, FL 33018
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued sha provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N.4)	
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(if not applicable, indicate N/A)	res,
	
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	09/22/2020	
The date of each amendment(s)	adoption:	, if other than th
date this document was signed.		
09	0/22/2020	
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 l	block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder actio	n and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.	·)
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	nı
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	· ·	
o,	(voting group)	
09/22/20 Dated Signature	20	
(By a selec	director, resident or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	MANUEL DIAZ HERNANDEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	