P20000084182

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PARAMOUNT CO	OMMUNITY MENTAL HI	EALTH CENTER INC		
DOCUMENT NUM	BER: P20000084182				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	GOMEZ, ANTONIO				
	Name of Contact Person				
	PARAMOUNT COMMUNITY MENTAL HEALTH CENTER INC				
		Firm/ Company			
	8991 NW 166TH TERRACE				
	Address				
	MIAMI LAKES, FL 33018				
		City/ State and Zip Code			
	antoniogomez1963@yahoo.com				
	E-mail address; (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, plea	se call:			
Antonio Gomez		954 at (de & Daytime Telephone Number		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	nrtment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

PARAMOUNT COMMUNITY MENTA	AL HEALTH CENTER IN	C ,	.
(Name)	of Corporation as curren	ly filed with the Florida Dept. of State)	بر
P20000084182			<u>``2</u>
	(Document Number	of Corporation (if known)	•
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment	i(s) to
A. If amending name, enter the new n	ame of the corporation:		
		The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association."	"orp." "Inc." or "Co"	'company," or "incorporated" or the abbreviation "Corp." A professional corporation name must contain the word "	
•		3750 west 16 ave ste 228U	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		Hialeah, fl 33012	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)		3750 west 16 ave ste 228U	
· · · · · · · · · · · · · · · · · · ·		Hialeah, fl 33012	
D. If amending the registered agent at new registered agent and/or the ne	nd/or registered office address	Iress in Florida, enter the name of the	
	w registered office address	<u>v.</u>	
Name of New Registered Agent	2750 . 1/ 220		
	3750 west 16 ave ste 228	urçet addressi	
	Hialeah	33012	
New Registered Office Address:		, Florida 55012 (City) (Zip Code)	
		•	
New Registered Agent's Signature, if c Thereby accept the appointment as regis	hanging Registered Ager tered agent. I am familian	i <mark>t:</mark> with and accept the obligations of the position.	
	Simpanova of Voca	Registered Agent, if changing	
	мунише ој леж	negmerea agem, y enanging	
Check if applicable			

 \square 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)

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, Freasurer, Director would be PTD

Changes should be noted in the following manner. Currently John Doc 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>b.l.</u>	<u> John Do</u>	<u>e</u>	
X Remove	<u>V</u>	Mike Joi	ne <u>s</u>	
X Add	<u>SV</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2)Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

<u>f amending or adding additional Ar</u>	rticles, enter change(s) here:
Attach additional sheets, if necessary)) (Be specific)
	
	the second second second second
ran amendment provides for an ex- provisions for implementing the an	change, reclassification, or cancellation of issued shares, needment if not contained in the amendment itself:
(if not applicable, indicate N A)	

•	11/20/2020	
The date of each amendment(s date this document was signed.	adoption:	, if other than th
-	1/20/2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	s date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder	action and shareholder
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendmes sufficient for approval.	ent(s)
The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s).	'ement
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
11/20/20 Dated Signature	(Jam)	
sele	a director, president or other officer—if directors or officers have not be cted, by an incorporator—if in the hands of a receiver, trustee, or other ointed fiduciary by that fiduciary)	
	GOMEZ, ANTONIO	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	