# P20000089553

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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: _	FLORII	DA MENTAL HEALTH CI	ENTER INC	
DOCUMENT NUMBER:		P20000088553		
The enclosed Articles of Amendm	eent and fee are su	abmitted for filing.		
Please return all correspondence c	oncerning this ma	tter to the following:		
		ABDEL F MURILLO ELL	AS	
	Name of Contact Person			
		Firm/ Company		
		85 GRAND CANAL DE	R SUITE 304	
-		Address		
<del></del>		MIAMI, FL 33144		
		City/ State and Zip Cod	e	
For further information concerning  ABDEL F MURILL		se call: at ( <sup>305</sup>	305-1633	
Name of Contact P	erson		de & Daytime Telephone Number	
inclosed is a check for the follow	ing amount made	payable to the Florida Depa	artment of State:	
	75 Filing Fee & ficate 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

#### Articles of Amendment

to

#### Articles of Incorporation

...

#### FLORIDA MENTAL HEALTH CENTER INC

## (Name of Corporation as currently filed with the Florida Dept. of State) P20000088553 (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: 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." 8181 NW 36 ST SUITE 8C-8D B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) DORAL, FL 33166 C. Enter new mailing address, if applicable: 8181 NW 36 ST 8C-8D (Mailing address MAY BE A POST OFFICE BOX) DORAL, FL 33166 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 (Florida street address) New Registered Office Address: 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

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> </u>	John Do	<u>ne</u>	
X Remove	<u>V</u>	Mike Jo	ones	
$\underline{X}$ Add	<u>SV</u>	Sally St	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	-			
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add		<del>_</del>		
Remove				
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4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
Kemove				
6) Change				
Add				
Remove				

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/4)		(Be specific)
provisions for implementing the amendment if not contained in the amendment itself:		
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(if not applicable, indicate N/A)	provisions for implementing the amo	endment if not contained in the amendment itself:
	(if not applicable, indicate N/A)	<del>,                                    </del>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:  (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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 east for the amendment(s) was/were sufficient for approval	
by	
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	
S. Landle	
Signature  (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)	_
ABDEL F MURILLO ELIAS	
(Typed or printed name of person signing)	<del></del>
President	
(Title of person signing)	<del></del>