

P21000005659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ WAIT☐ MAIL

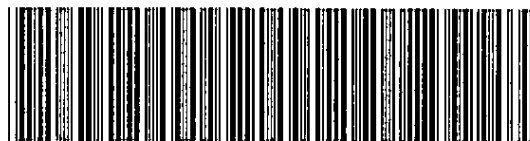
(Business Entity Name)

(Document Number)

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SECRET - SECURITY INFORMATION

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2022 DEC 19 AM 9:10

THE
FEDERAL
BUREAU OF
INVESTIGATION

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LA FAMILIA MENTAL HEALTH INC

DOCUMENT NUMBER: P21000005659

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ISIS MASSON
Name of Contact Person
LA FAMILIA MENTAL HEALTH INC
Firm/ Company
1550 W 84 ST SUITE 31
Address
HIALEAH, FL 33014
City/ State and Zip Code
MASSON0709@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ISIS MASSON at (305) 7425163
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

December 2, 2022

ISIS MASSON
1550 W 84 ST
SUITE 31
HIALEAH, FL 33014

SUBJECT: LA FAMILIA MENTAL HEALTH INC
Ref. Number: P21000005659

FLORIDA DEPARTMENT OF STATE
Division of Corporations



We have received your document for LA FAMILIA MENTAL HEALTH INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):
The form you submitted is for a NON PROFIT CORPORATION, but your entity is a PROFIT CORPORATION. Please complete and return the enclosed blank form(s).
If you have any questions concerning the filing of your document, please call
Neysa Culligan
(850) 245-6052
Regulatory Specialist III
Letter Number: 122A00026687

www.sunbiz.org
Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

2022 DEC 19 PM 3:44

Articles of Amendment
to
Articles of Incorporation
of

FILED

LA FAMILIA MENTAL HEALTH INC

(Name of Corporation as currently filed with the Florida Dept. of State)

2022 DEC 19 AM 9:10

P21000005659

(Document Number of Corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FL

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:

_____ The new
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."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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: _____, Florida _____
(City) (Zip Code)

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u> </u> Change	<u>VP</u>	<u>REINALDO ALVAREZ</u>	<u>25 E 9 CT</u>
<u>X</u> <u> </u> Add			<u>HIACLEAH, FL 33010</u>
<u> </u> Remove			
2) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
3) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
4) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
5) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			

E. If amending or adding additional Articles, enter change(s) here:

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

66% SHARES OF COMMON STOCK, NO PAR VALUE IS OWNED BY ISIS MASSON

34% SHARES OF COMMON STCK. NO PAR VALUE IS OWNED BY REINALDO ALVAREZ

F. 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)

08/01/2022

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

08/01/2022

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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 cast for the amendment(s) was/were sufficient for approval

by _____
(voting group)

08/01/2022
Dated _____

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)

ISIS MASSON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED
2022 DEC 19 AM 9:11
STATE OF MASSACHUSETTS