

N11 000005831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

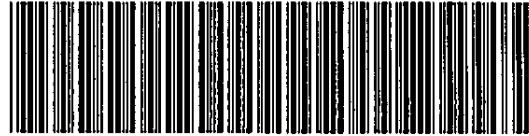
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/12/13--01005--016 **43.75

FILED
13 JUN -4 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Am
400*

6/11/13

HEALING CHARTIES, INC.
6750 NW 27 WAY, FORT LAUDERDALE, FL 33309 Tel: 954 972 6261

March 3, 2013

Department of State
Division of Corporations
Corporate Filings
P.O.B 6327
Tallahassee, FL 32314

Ref: Healing Charities, Inc
State of Florida #: N11000005831
IRS #: 45-3638458

Dear Sir:

Attached are the following:

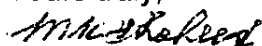
1/. Amended Articles of incorporation for Healing Charities, Inc.
The Amendment being a paragraph requested by IRS, quote," Upon the dissolution of the organization assets shall be distributed for one or more exempt purposes within the meaning of section 501(c) (3) of the Internal Revenue Code,exclusively for such purposes".
This paragraph is placed at the end of the Articles of Incorporation for Healing Charities, Inc. It was adopted on 2/26/13 and made a part of the Amended Articles of Incorporation. Please file this amendment as an Amended Articles of Incorporation for Healing Charities, Inc.

2/. The IRS wants a copy of the Amended Articles stamped "**Approved**".
Quote: "since you are an incorporated in the State of Florida, the copy you submit to us must show that it has been properly filed and approved by your appropriate State Agency. We **cannot** accept a copy stamped "**received**".

3/. Hence, please issue to me a copy of the Amended Articles of the Corporation stamped "**Approved**" as requested by IRS or a **Certified Copy** of the amended articles of incorporation and state that you **do not** issue "approved".

Enclosed is check for \$43.75. Thirty-five (\$35.00) dollars being cost for filing and \$8.75 being cost for the Certified Copy.

Yours truly,


M. K. Shaheed
President



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2013

HEALING CHARITIES, INC.
6750 NW 27 WAY
FT. LAUDERDALE, FL 33309

SUBJECT: HEALING CHARITIES, INC.
Ref. Number: N11000005831

We have received your document for HEALING CHARITIES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2012 annual report. The entity must be reinstated before this document can be filed.

The total amount due to reinstate is \$297.50.

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 813A00005979

Articles of Amendment
to
Articles of Incorporation
of

HEALING CHARITIES, INC.

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

N11000005831

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

(Florida street address)

New Registered Office Address:

N/A

(City), Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

N/A

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

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TALLAHASSEE, FLORIDA

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|---|------------|------------------------|--------------------------|
| 1) <input type="checkbox"/> Change | <u>D</u> | <u>Lynette Shaheed</u> | <u>6750 NW 27 Way</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Fort Lauderdale,</u> |
| <input type="checkbox"/> Remove | | | <u>FL 33309</u> |
| | | | |
| 2) <input type="checkbox"/> Change | <u>D</u> | <u>Y. ISMAIL</u> | <u>11620 NW 29 Place</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Sunrise City</u> |
| <input type="checkbox"/> Remove | | | <u>FL 33323</u> |
| | | | |
| 3) <input checked="" type="checkbox"/> Change | <u>P D</u> | <u>M.K. SHAHEED</u> | <u>6750 NW 27 Way</u> |
| <input type="checkbox"/> Add | | | <u>Fort Lauderdale</u> |
| <input type="checkbox"/> Remove | | | <u>FL 33309</u> |
| | | | |
| 4) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | _____ |
| <input type="checkbox"/> Remove | | | _____ |
| | | | |
| 5) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | _____ |
| <input type="checkbox"/> Remove | | | _____ |
| | | | |
| 6) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | _____ |
| <input type="checkbox"/> Remove | | | _____ |

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

1

The date of each amendment(s) adoption: FEB 26, 2013

Effective date if applicable: N/A
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 2/26/2013

Signature M. K. SHAHEED
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

M. K. SHAHEED
(Typed or printed name of person signing)

President/Director/Registered Agent.
(Title of person signing)