## N21000014428

| (Requ                                   | Jestor's Name)  |             |  |  |
|---|-----------------|-------------|--|--|
| (Addr                                   | ess)            |             |  |  |
| (Addr                                   | ess)            |             |  |  |
| (City/                                  | State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT          | MAIL        |  |  |
| (Busi                                   | ness Entity Nar | me)         |  |  |
| (Docu                                   | ıment Number)   |             |  |  |
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S. PRATHER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION:               | HEALING OUR HO                           | OMELAND INC  | (EIN 87-   | 4235093)           |  |              |
|------------------------------------|--|--|------------|--------------------|--|--------------|
|                                    | 1000014428                               |  |            |                    |  |              |
| DOCUMENT NUMBER:                   |  |  |            |                    |  |              |
| The enclosed Articles of Amend     | ment and fee are sub                     | mitted for filing.   |            |                    |  |              |
| Please return all correspondence   | concerning this matt                     | er to the following  | <i>7</i> : |                    |  |              |
| REEM ELKHALDI                      |  |  |            |                    |  |              |
| _                                  |  | (Name of Contac  | t Person)  | l                  |  |              |
| HEALING OUR HOMELAND               | INC                                      |  |            |                    |  |              |
|                                    |  | (Firm/ Comp  | oany)      |                    |  |              |
| 413 LAKEPARK TRAIL                 |  |  |            |                    |  |              |
|                                    |  | (Address   | ;)         |                    |  |              |
| OVIEDO FLORIDA 32765               |  |  |            |                    |  |              |
|                                    |  | (City/ State and 2   | Zip Code)  | )                  |  |              |
| REEM.M.ELKHALDI@GMAI               | L.COM                                    |  |            |                    |  |              |
| E-ina                              | il address: (to be used                  | for future annua   | report n   | otification        | 1)   | -            |
| For further information concerni   | ng this matter, please                   | ealt:  |            |                    |  |              |
| ARIF RAHAMAN                       |  |  | 407<br>at  |                    | 733-5361   |              |
| (Na                                | ne of Contact Person                     | 1)   | (Are       | a Code)            | (Daytime Telepi  | none Number) |
| Enclosed is a check for the follo- | wing amount made p                       | ayable to the Flori  | da Depar   | tment of           | State:   |              |
| ■ \$35 Filing Fec □\$              | 43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Is<br>Certified Copy<br>(Additional co-<br>enclosed) | ,          | Certifi<br>Certifi | Filing Fee<br>cate of Status<br>ed Copy<br>ional Copy is<br>sed) |              |
| Mailing Addr                       | ess<br>                                  |  | Street A   | ddress             |  |              |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## **Articles of Amendment** Articles of Incorporation of

|   | Articles of Amendment                           |                                    |                |
|---|---|------------------------------------|----------------|
|   | to Articles of Incorporation of                 |                                    | AGA 6808       |
| Name of Corporation as currently filed with the   | e Florida Dept. of State)                       |                                    | 2              |
| HEALING OUR HOMELAND INC (N2100001  | 4428)   |                                    |                |
| (Docum  | ment Number of Corporation (if kn               | οψη)                               |                |
| Pursuant to the provisions of section 617.1006, Flo<br>imendment(s) to its Articles of Incorporation:                                       | orida Statutes, this <i>Florida Not For</i>     | Profit Corporation adopts the foll |                |
| A. If amending name, enter the new name of the  | e corporation:                                  |                                    |                |
| n/a   |   | 77)                                |                |
| name must he distinguishable and contain the word<br>'Company" or "Co." may not he used in the name   | I "corporation" or "incorporated"<br><u>e</u> . |                                    | e new<br>Inc." |
| 3. Enter new principal office address, if applica Principal office address MUST BE A STREET A  2. Enter new mailing address, if applicable: |   |                                    |                |
| (Mailing address MAY BE A POST OFFICE)  D. If amending the registered agent and/or regis  |   | enter the name of the              |                |
| new registered agent and/or the new register  | ed office address:                              |                                    |                |
| Name of New Registered Agent:   | n√a   |                                    |                |
|   |   | ida street address)                |                |
| New Registered Office Address:  |   |                                    |                |
| New Registered Office Address:  |   | Mari Ja                            |                |
| <u>New Registered Office Address:</u>   |   | , Florida<br>(Zip Code)            |                |

RME 11/11/22

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 X Remove X Add  | $\frac{\underline{PT}}{\underline{V}}$ $\underline{\underline{SV}}$ | John Doe<br>Mike Jones<br>Sally Smith                        |   |  |  |
|--|---|--|---|--|--|
| Type of Action<br>(Check One)  | Title   | <u>Name</u>  | Address                                 |  |  |
| 1) Change<br>Add   |   |  |   |  |  |
| Remove   |   |  |   |  |  |
| 2) Change Add  |   | <u> </u>   |   |  |  |
| Remove 3 ) Change Add Remove   |   |  |   |  |  |
| 4) Change Add  |   | <u> </u>   |   |  |  |
| Remove   |   | -  |   |  |  |
| 5) Change Add  |   |  |   |  |  |
| Remove   |   | -  |   |  |  |
| 6) Change Add  |   |  | *************************************** |  |  |
| Remove   |   | <u>-</u>   |   |  |  |
| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)  |   |  |   |  |  |
| We are amending the pur  | pose to tr  | ack the exact language in 501c3 and adding a dissoluti       | on clause to our Articles:              |  |  |
| Said organziation is organ   | nized exc   | lusively for charitable, religious, educational, and scien   | tific purposes, including,              |  |  |
| for such purposes, the making of distributions to organizations that qualify as exempt organizations described under Section |   |  |   |  |  |
| 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future tax code.                                   |   |  |   |  |  |
| Dissolution: Upon the dis  | solution o  | of the organization, assests shall be distributed for one of | or more exempt purposes within the      |  |  |

| meaning of Section 501 (c)(3) of the                                      | ne Internal Revenue Code, or con   | rresponding section of any future | federal tax code, or shall     |
|---|------------------------------------|-----------------------------------|--------------------------------|
| be distributed to the federal govern                                      | ment, or to a state or local gover | rnment, for a public purpose.     |                                |
| (Enclosed you will find the amend   | ed Articles of Incorporation)      |                                   |                                |
| See amendments in attached adopt  | ed amended bylaws: Article 2: P    | urpose, section 1 and see Article | 9: Finances: Section 5         |
| Some number   | ing changed                        | × formatting                      | ( CONTROLLING)                 |
| was edil  | red without                        | impacting -                       | the content.                   |
|   |                                    |                                   | <del></del>                    |
|   |                                    |                                   |                                |
|   |                                    |                                   |                                |
|   |                                    |                                   |                                |
| ,, <u>, , , , , , , , , , , , , , , , , , </u>                            |                                    |                                   |                                |
|   |                                    |                                   |                                |
|   |                                    |                                   |                                |
|   |                                    |                                   |                                |
|   |                                    |                                   |                                |
|   |                                    |                                   |                                |
| The date of each amendment(s) addate this document was signed.            | doption:                           |                                   | , if other than the            |
| Effective date <u>if applicable</u> :                                     | (no more than 90 days af           | ier amendment file date)          |                                |
| Note: If the date inserted in this blodocument's effective date on the De | ock does not meet the applicable   |                                   | date will not be listed as the |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )               |                                   |                                |
| ☐ The amendment(s) was/were a was/were sufficient for approv              | dopted by the members and the al.  | number of votes east for the amen | dment(s)                       |

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

11/11/22