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SEP 1 3 2016

R. White



COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: The Poinciana Wellness Center, Inc. DOCUMENT NUMBER: NIBOODO 3223 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Hendrith Vanion Smith, Jr.
(Name of Contact Person) The Poinciana Wellness Center, Inc.
(Firm/Company) Bowie / Maryland 20716
(City/ State and Zip Code) poincidna. md @ gmail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Hendrith Vanlon Smith, Jr.

(Name of Contact Person)

(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: □ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Street Address **Mailing Address** Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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Articles of Amendment to Articles of Incorporation of

16 SEP -6 PH 3:51

The Poinciana Wellnes (Name of Corporation as curren	s Center,	Inc. SEC	E MAY OF THAT
(Name of Corporation as curren	ly filed with the Florida	Dept. of State	AND
N13000003223			
(Document Numb	er of Corporation (if know	n)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For P</i> r	rofit Corporation a	dopts the following
A. If amending name, enter the new name of the corporati	on:		
The Poinciana Womens	Wellness	Center,	Inc. The new
name must be distinguishable and contain the word "corporat "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)	16012 Phi	lmont La	re
	Bowle, M	aryland	20716
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	16012 Phi	lmost L	ane
	Bowie, M	aryland	20716
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a		er the name of th	Ē
Name of New Registered Agent: H/A			
	(Florid	a street address)	
New Registered Office Address:			
	·	, Florida	
	(City)	(Zip	Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		obligations of the	position.
	anatura of Nav Pagistara	d Agent if changing	<u> </u>

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	PT John Doe V Mike Jones SV Sally Smith PT PRESE	LICABLE NT TIME.
Type of Action (Check One)	Title Name FILING CANCELLED	Address
1) Change	RETURNED CHECK	
Add		
Remove		
2) Change		
Add		
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3) Change		
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4) Change		
Add		
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5) Change		
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6) Change		
Add		
Remove		

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E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

i) The general purpose of The Poinciana Womens Wellness
Center is:
(a) To help women and girls acheive a lifestyle
of holistic health & wellness in mind, body and soul,
and to live prosperously and vibrantly and joyfully.
(b) To provide tools, resources, facilities and
infrastructures [such as clinics, hospital, fitness/gym area, School
spa, garden, library and maternity ward, etc] -
so that we may provide quality healthcare,
health-related and medical services to women and girls.
(c) To ensure women and girls have access to
good quality and nutritions food and clean water,
hygeine products, clothing, housing, education, and
other basic foundational components.
(d) To provide refuge to women and girls who
are battered, abused, neglected or harmed in any way,
and assist them in transitioning to more comfortable
circumstances,
(a) Tomile a challent Comment of the
be counseled and guided and educated toward prosperity,
health and wellness, Page 3 of 4
through book, blogs, andio,
Publications, Support groups, and more.

The date of each amendment(s) adoption:	September September	3,	2016.	, if other than the
date this document was signed.				,
Effective date if applicable:				
(no	more than 90 days after ame	idment fi	le date)	
Note: If the date inserted in this block does not document's effective date on the Department of		y filing r	equirements, this date will	I not be listed as the
Adoption of Amendment(s) (C	HECK ONE)			
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of	of votes o	ast for the amendment(s)	
There are no members or members entitle adopted by the board of directors.	ed to vote on the amendment(s). The a	mendment(s) was/were	
Dated September	- 2,2016			
Dated September Signature Kend				
have not been selected	ce chairman of the board, pres d, by an incorporator — if in the fiduciary by that fiduciary)			
Hendri	th Vanion S		. / 	
	(Typed or printed name of	of person	signing)	
Founder,	Director &	CE	0	
	(Title of pers			
	EILING CANO	YET T	ED	

RETURNED CHECK