N04000001361

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SECRETARY OF STATE

Amerd Mc Thewis 6-10-11

COVER LETTER

• TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION:	SWAH Healing Way Institut	te, Inc.
DOCUMENT NUM	BER:	N04000001361	
The enclosed Articles	s of Amendment and fee a	are submitted for filing.	
Please return all corre	espondence concerning th	is matter to the following:	
_		abeth Kapadia, D.N.,Ph.d.	
	ŀ	Name of Contact Person	
	GWAHI	Healing Way Institute, Inc	
_		Firm/ Company	
		7100 Taft Street	
_		Address	
	ц	ollywood, FI 33026	
_		City/ State and Zip Code	
	E-mail address: (to be use	ngels@yahoo.com ed for future annual report notification)	
For further information	on concerning this matter,	, please call:	
Dr. Elizabet	h Kapadia, D.N., Ph.d	at (954) 3	03-8533
	Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a check f	or the following amount i	nade payable to the Florida Depar	tment of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate 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 Add	<u>ress</u>	Street Address	
Amendment S	Section	Amendment Section	
Division of C	•	Division of Corporations	
P.O. Box 632		Clifton Building	
Tallahassee I	71 77714	2661 Executive Center Circl	e

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 1, 2011

DR. ELIZABETH KAPADIA, D.N., PH.D G.W.A.H. HEALING WAY INSTITUTE, INC. 2

7100 TAFT STREET HOLLYWOOD, FL 33026

SUBJECT: G.W.A.H. HEALING WAY INSTITUTE, INC.

Ref. Number: N04000001361

954-303-8533

We have received your document for G.W.A.H. HEALING WAY INSTITUTE, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 311A00013428

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ARY OF STATE
ASSEE, FLORDIA

www.sunbiz.org 🛶

Articles of Amendment to Articles of Incorporation

01
G. W. A. H Healing Way Institute, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)
(Name of Corporation as currently filed with the Florida Dept, of State)
NO400001361
(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:

The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"	contain the word "corpo or "Co." may not be used	ration" or "in I in the name.	nter, IY corporated" or the	
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE			• ·	-
C. Enter new mailing address, if applicabl (Mailing address MAY BE A POST OFF				SECRETARY OF S
		s in Florida, ei	nter the name of t	ATE
D. If amending the registered agent and/or new registered agent and/or the new reg Name of New Registered Agent:		s in Florida, ei	nter the name of t	ATE
			iter the name of ti	ATE
new registered agent and/or the new reg	istered office address:		nter the name of t	ATE

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)

<u>Title</u>	<u>N</u> ame	<u>Address</u>	Type of Action
5	Risa Steward	2001 N. Higtus Rd Pembroke Dines, FL 33026	□ Add ∑ Remove
5_	Kathy Francois	20805 N.W. 3rd C+ rembroke Pines, FL	☑ Add ☐ Remove
	Gene Wahl	4700 SW 199 Avenue Ff. Lauderdale, FL	Add Remove
	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific		
			,

Effective date if applicable: (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.
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.
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.
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.
adopted by the board of directors.
Dated_6511
Signature Dr. Elizabeth apadea F. N. Ph. J. President
(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)
DR. Flizabeth Ka padra, D.N. Ph.d. President (Typed or printed name of person signing)
(Title of person signing)