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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

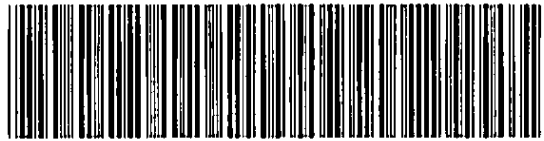
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Certified Copies _____ Certificates of Status _____

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permission given to
correct application*

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04/05/21--01031--003 **43.75

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2021 JUL -2 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FL

JUL 02 2021

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GWAH Healing Way Institute, Incorporated

DOCUMENT NUMBER: N04000001361

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

Please return all correspondence concerning this matter to the following:

Rev. Dr. Elizabeth Kapadia

(Name of Contact Person)

GWAH Healing Way Institute, Incorporated

(Firm/ Company)

2001 North Hiatus Road

(Address)

Pembroke Pines, FL 33026

(City/ State and Zip Code)

elizabeth.kapadia@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Kapadia

954

303-8533

at

(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 checked="" 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 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

FILED
2021 JUL -2 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2021

REV. DR. ELIZABETH KAPADIA
GWAH HEALING WAY INSTITUTE, INCORPORATED
2001 NORTH HIATUS ROAD
PEMBROKE PINES, FL 33026

SUBJECT: GWAH HEALING WAY INSTITUTE, INCORPORATED
Ref. Number: N04000001361

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

In Section E of the application you state the name shall be and you list the name. If you are truly changing the name you must put it on the first page of the application where it talks about changing the name of the entity. If you are changing or adding officers/directors you must list them in the proper section of the application also.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 121A00014296

ARTICLES of Amendment
to
Articles of Incorporation
of

GWAH Healing Way Institute, Incorporated

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

NO4000001361

(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

The new 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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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2021 JUL -2 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FL

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

New Registered Office Address:

(Florida street address)

(City)

Florida

(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

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	D	Gene Wahl	4700 SW 199 Avenue Ft. Lauderdale, FL 33332
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
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			

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

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

ARTICLE 2. PURPOSE

amend first paragraph as follows...

The specific purpose for which the corporation is initially organized, is to nutritionally help people heal through the teaching of healing foods from nature as it was in the beginning, letting the herbs (natural foods be your source) and works such enlightenment tools to help wake up humanity to the love, peace, joy. Truths given from God to heal the body, mind, and soul. This is to include no foreign toxins such as chemical, pesticide, vaccinations, anything that will harm the physical body or soul light (the I AM) that is expressed within us. We will support this thru missionary activities, traveling to homes individually for treatments and helping to evolve the process of expansion of love within and to express to others. To establish a place of worship whether in a persons home or within the permanent place. To conduct the work worldwide and license, ordain, and oversee other reverend/prophets of the truth, and to also engage in activities which are necessary or convenient for the accomplishment of that purpose, or which are incidental thereto or connected therewith which are consistent with Section 501(c)(3) of the Internal Revenue Code. This corporation is organized and operated exclusively for religious purposes within the meaning of Section 501(c)(3), Internal Revenue Code.

Notwithstanding any other provision of these Articles, this corporation will not carry on any other activities not permitted to be carried on by (i) a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue law, or (ii) a corporation, contributions to which are deductible under Section 170(c)2 of the Internal Revenue Code of 1986 or any other corresponding provision of any future United States Internal Revenue law.

The date of each amendment(s) adoption: 3/25/21, if other than the date this document was signed.

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 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 3/25/21

Signature Rev. Dr. Elizabeth Kapadia Ph.D.

(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)

Rev. Dr. Elizabeth Kapadia, Ph.D

(Typed or printed name of person signing)

President

(Title of person signing)