

N04000009888

(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



600102493106

05/17/07--01012--024 \*\*43.75

FILED  
07 MAY 17 AM 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** The Mindful Health Foundation, Inc.

**DOCUMENT NUMBER:** NO 4000009888-1/1

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

Please return all correspondence concerning this matter to the following:

Valerie A Stec MSW

(Name of Contact Person)

The Mindful Health Foundation

(Firm/ Company)

3341 Tamiami Trail North

(Address)

NAPLW FL 34103

(City/ State and Zip Code)

For further information concerning this matter, please call:

Val Stec

(Name of Contact Person)

at ( 239 ) 434-6596

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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 Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

The Mindful Health Foundation, Inc.  
(Name of corporation as currently filed with the Florida Dept. of State)

NO 4000009888-1/1

(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:

**NEW CORPORATE NAME (if changing):**

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Article III Purpose. Please add " Said organization is organized exclusively for charitable and educational purposes within the meaning of section 501(c)(3) of the Code."

Article IX "Dissolution Clause." "Upon the dissolution of the organization, Assets shall be distributed for one or more tax exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such Assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is then located, exclusively for such purposes

(Attach additional pages if necessary)

(continued)

OR to such organization or organizations, as said Court shall determine which are organized and operated exclusively for such purposes.

FILED  
07 MAY 17 AM 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The date of adoption of the amendment(s) was: 5-3-07

Effective date if applicable: 5-3-07  
(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 was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature Valerie A. Skc MSW  
(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.)

Valerie A. Skc MSW  
(Typed or printed name of person signing)

C.E.O.  
(Title of person signing)

**FILING FEE: \$35**