

ND6D000006839

\_\_\_\_\_  
(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

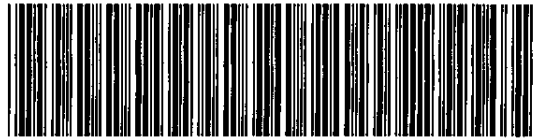
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Amend/cus  
@ 10.25.06



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 OCT 23 AM 10:13

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: INSTITUTE OF WHOLISTIC EMPOWERMENT  
DOCUMENT NUMBER: NO6000006839

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

Please return all correspondence concerning this matter to the following:

JOHN E. OSHODI  
(Name of Contact Person)

Institute of Wholistic Empowerment  
(Firm/ Company)

1251 NW 36ST, Suite 4, MIAMI, FL  
(Address) 33142

\_\_\_\_\_  
(City/ State and Zip Code)

For further information concerning this matter, please call:

JOHN E. OSHODI at (305) 505 3018  
(Name of Contact Person) (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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 OCT 23 AM 10:13

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

INSTITUTE OF WHOLISTIC EMPOWERMENT  
(Document number of corporation (if known))  
INC.

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)**

PURPOSE:

To provide informational, educational and outreach resources in Behavioral Health care, and Community Health care.

DIRECTORS:

Delete the following: Anyikwa Franklyn C, Davis, Cecile,

The date of adoption of the amendment(s) was: 10-16-06

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 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 *John E. O'Shaughnessy*  
 (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.)

*JOHN E. O'SHAUGHNESSY*

(Typed or printed name of person signing)

*President*

(Title of person signing)

**FILING FEE: \$35**