

100

Amend

21009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LOTUS FOUNDATION FOR HEALING, INC.
(Name of Corporation)

DOCUMENT NUMBER: W08000055979

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

VICKI KROVIK

(Name of Contact Person)

Lotus Foundation for Healing

(Firm/Company)

5 Riverview Terrace

(Address)

Irvington, NY 10533

(City/State and Zip Code)

For further information concerning this matter, please call:

LINDSAY FELTY

(Name of Contact Person)

at (**404**) **932-6070**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status &
Certified Copy

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

LOTUS FOUNDATION FOR HEALING, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

W08000055979
(Document Number of Corporation (if known))

FILED
2009 FEB -3 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

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:
(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

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: _____

New Registered Office Address: _____
(Florida street address)

_____, Florida
(City) (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

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>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	
_____	_____	_____	<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)

1. We wish to amend "Article III, the specific purpose for which this corporation is organized..." Our Amendment to Article III is exactly as follows:

"The primary purpose of the Lotus Foundation for Healing, Inc. is to provide relief of the underprivileged through monetary assistance for women with eating disorders who are otherwise unable to afford proper treatment on their own."

The date of each amendment(s) adoption: 1/26/2009

Effective date if applicable: 1/26/2009
(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.

Dated 1/28/09

Signature Vicki Kroviak
(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)

VICKI KROVIK
(Typed or printed name of person signing)

OFFICER, Lotus Foundation for Healing, Inc.
(Title of person signing)