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COVER LETTER

TO: Amendment Section Division of Corporations

FLORIDA II NAME OF CORPORATION:	OMEOPATHIC SOCII	EFY INC	
N10000004441 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	are submitted for filing.		
Please return all correspondence concerning th	nis matter to the followi	ng:	
MARLA KOPESEC			
	(Name of Cont	act Person)	
FLORIDA HOMEOPATHIC SOCIETY			
	(Firm/ Cor	ipany)	
845 GRAND HUGHEY CT			
	(Addre	ss)	
АРОРКА FI. 32712			
	(City/ State and	Zip Code)	
marlak.ths@gmail.com			
E-mail address: (to	be used for future annu	al report notificat	ion)
For further information concerning this matter	, please call:		
Marla Kopesee		817 at	366-1387
(Name of Contact	Person)	(Area Code	e) (Daytime Telephone Number)
Enclosed is a check for the following amount a	made payable to the Flo	rida Department	of State:
■ \$35 Filing Fee □\$43.75 Filing I Certificate of		opy is Cer (Ac	50 Filing Fee tificate of Status tified Copy Iditional Copy is closed)
Mailing Address Amendment Section		Street Addres Amendment Se	=

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FLORIDA HOMEOPATHIC SOCIETY INC.

PLOKIDA HOMEOLATTIC SOCIETY FING		
(Name of Corporation as currently filed with th	e Florida Dept. of State)	
N1000000 111 1		
(Docur	ment Number of Corporation (if ki	iown)
Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		I" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if application (Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	
D. If amending the registered agent and/or regi		enter the name of the
new registered agent and/or the new register	red office address:	
Name of New Registered Agent:	MARLA KOPESEC	
	845 GRAND HUGHEY CT	
Y 0 1 10 10 11 11 11		orida street address)
New Registered Office Address		22712
	АРОРКА	Florida 32712
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: n. I am familiar with and accept	the obligations of the position.
	Marle Kope	14
•	Signature of New Regist	ered 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)

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: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	Title	Name	Address
1) * Change Add	<u>T</u>	MARLA KOPESEC	845 Grand Hughey Ct Apopka FL 32712
Remove 2)ChangeAdd	<u>T</u>	Elizabeth Summers	221 Marlberry Circle Jupiter, FL 33458
x Remove 3) Change Add Remove	<u>D</u>	Elizabeth Summers	221 Marlberry Circle Jupiter, FL 33458
4) Change Add			
Remove 5) Change Add			
Remove 6)ChangeAdd			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

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The date of each amendment(s) ad	loption: 24 July 2021			, if other than the
date this document was signed.				
Effective date if applicable:				
	(no more than 90 day:	s after amendment file do	ite)	
<u>Note:</u> If the date inserted in this blo document's effective date on the De	ok does not meet the application partment of State's records.	ible statutory filing requi	rements, this date will no	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)			

 \blacksquare The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

was/were sufficient for approval.

opted by the board	al -lo.
Dated	$-\frac{(12/3)}{}$
Signature	Ougensen
ha	the chairman or vice chairman of the board, president or other officer-if directors ive not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
	Doc Remben (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Georgiany