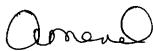
# NI10000008456

(Re	questor's Name)	<del></del>
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PICK-UP	☐ WAIT	MAIL
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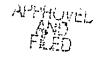
DP 14

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

HAVANA HEALTH AN NAME OF CORPORATION:	D WELLNESS SERV	CE AND TRAINING CENTER, INC
DOCUMENT NUMBER: N11000008	456	
The enclosed Articles of Amendment and fee are submitt	ted for filing.	
Please return all correspondence concerning this matter to	o the following:	
Cunningham, Nell		
(N	ame of Contact Person	)
	(F) (C	
301 Bostick Road	(Firm/ Company)	
- Dodion Hoad	(Address)	
Havana, FL 32333 US	(Addiess)	
	ity/ State and Zip Code	2)
matt.thro@gmail.	com	
E-mail address: (to be used for further information concerning this matter, please cal	•	otification)
Thro, Matt	<sub>at (</sub> 813	2 850-9900 de & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)
Enclosed is a check for the following amount made payab	ole to the Florida Depa	rtment of State:
•	\$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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

#### Articles of Amendment to Articles of Incorporation of



14 APR 28 PM 3: 11

### HAVANA HEALTH AND WELLNESS SERVICE AND TRAINING CENTER, INC

(Document Number of Corporation (if known)

(Name of Corporation as currently filed with the Florida Dept. of State)
N1100008456

PILLY NEET 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:

If amending name, enter the new name of the corpor	
me must be distinguishable and contain the word "corpo Company <mark>" or "Co." may not be used in the name</mark> .	ration" or "incorporated" or the abbreviation "Corp." or '
Enter new principal office address, if applicable:	301 Bostick Road
rincipal office address <u>MUST BE A STREET ADDRES</u>	Havana, FL 32333 US
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	301 Bostick Road
(Mulling address MAT BE A POST OFFICE BOX)	OO I BOOLION NOUG
	Havana, FL 32333 US
· · · ·	Havana, FL 32333 US
If amending the registered agent and/or registered o new registered agent and/or the new registered office	Havana, FL 32333 US
If amending the registered agent and/or registered of new registered agent and/or the new registered office.  Name of New Registered Agent:  New Registered Office Address:	Havana, FL 32333 US  ffice address in Florida, enter the name of the e address:  (Florida street address)
If amending the registered agent and/or registered of new registered agent and/or the new registered office.  Name of New Registered Agent:	Havana, FL 32333 US  ffice address in Florida, enter the name of the e address:  (Florida street address)

## 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 <math>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 V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add		<u> </u>	
Remove			
Kemove			
6) Change			· ————————————————————————————————————
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Said organization is organized exclusively for charitable, religious,
educational, and scientific purposes, including for such purposes,
the making of distributions to organizations that qualify as exempt
organizations under section 501(c)(3) of the Internal Revenue
Code, or corresponding section of and future federal tax code.
· · · · · · · · · · · · · · · · · · ·

The date of each amendmen	t(s) adoption: 4/1/2014	, if other than the
date this document was signed Effective date if applicable:	4/1/2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) pproval.	
There are no members of adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated	1/28/14	
Signature	2 Ruther 3 lm	
have	chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	Matt Three	
	(Typed or printed name of person signing)  Africer Director  (Title of person signing)	