

N15000311765

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/21/16

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Zen Den Holistic Wellness, Inc.

**DOCUMENT NUMBER:** N15000011765

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

Please return all correspondence concerning this matter to the following:

Rose Bryant

(Name of Contact Person)

Zen Den Holistic Wellness, Inc.

(Firm/ Company)

2901 N Woodrow Ave

(Address)

Tampa, FL 33602

(City/ State and Zip Code)

zendenholisticwellness@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rose Bryant

813

906-9641

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$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

Zen Den Holistic Wellness, Inc.

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

N15000011765

(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:

**A. If amending name, enter the new name of the corporation:**

N/A

*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:**

N/A

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

**C. Enter new mailing address, if applicable:**

N/A

*(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:* N/A

*(Florida street address)*

*New Registered Office 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*

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TALLAHASSEE, FLORIDA

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>T</u>	<u>Martina Protze</u>	<u>2901 N Woodrow Ave</u>
<input checked="" type="checkbox"/> Add			<u>Tampa, FL 33602</u>
<input type="checkbox"/> Remove			<u></u>
2) <input type="checkbox"/> Change	<u>D</u>	<u>Elizabeth Crone</u>	<u>2901 N Woodrow Ave.</u>
<input checked="" type="checkbox"/> Add			<u>Tampa, FL 33602</u>
<input type="checkbox"/> Remove			<u></u>
3) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
4) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
5) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

Zen Den Holistic Wellness, Inc. is organized exclusively for charitable and educational purposes. No part of net earnings shall inure to the benefit of, or be distributable to its members, trustees, officers or other private persons, except that the corporation may pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose. The corporation shall not carry on any other activities not permitted to be carried on by any organization exempt from federal income tax under 501(c)3 of the Internal Revenue Code, or corresponding section of any future federal tax code. Zen Den Holistic Wellness, Inc. is not organized and shall not be operated for the private gain of any person. The property of the corporation is irrevocably dedicated to its educational and charitable purposes. No part of the assets, receipts, or net earnings of the corporation shall inure to the benefit of, or be distributed to any individual. The corporation may, however, pay reasonable compensation for services rendered and make other payments consistent with these Articles.

Upon termination or dissolution of Zen Den Holistic Wellness, Inc., any assets lawfully available for distribution to one or more qualifying organizations described in Section 501(c)3 of the Internal Revenue Code of 1986 (or described in any corresponding provision of any successor statute) which organization or organizations have a charitable purpose which, at least generally, includes a purpose similar to the terminating or dissolving corporation. Any such assets not disposed of shall be disposed by a court of competent jurisdiction in the county in which the principal office of the organization is located, exclusively for section 501(c)3 exempt purposes.

The date of each amendment(s) adoption: 12/4/2015, if other than the date this document was signed.

Effective date if applicable: 12/4/2015 (amendment adoption date); OR 12/14/2016 (today's date)  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 12/14/2016

Signature 

(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)

Rose Bryant

(Typed or printed name of person signing)

President

(Title of person signing)