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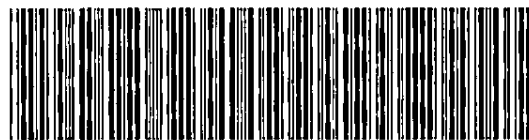
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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Healing Center of Martin County, Inc.

DOCUMENT NUMBER: N17000004790

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

Please return all correspondence concerning this matter to the following:

David B. Earle, Esq.
Name of Contact Person
Ross Earle Bonan & Ensor P.A.
Firm/ Company
789 S. Federal Highway, Suite 101
Address
Stuart, FL 34994
City/ State and Zip Code
dbe@reblawpa.com & swa@reblawpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David B. Earle at (772) 287-1745
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**CERTIFICATE OF AMENDMENT
TO THE
ARTICLES OF INCORPORATION
FOR
THE HEALING CENTER OF MARTIN COUNTY, INC., A Not For Profit Corporation,
Incorporated Florida, May 2, 2017**

A Corporation Not-For-Profit Under
the Laws of the State of Florida

The Articles of Incorporation of The Healing Center of Martin County, Inc. f/k/a St. Marys Healing Center of Stuart, Inc. were filed with the Florida Secretary of State on May 2, 2017. The Healing Center of Martin County, Inc. f/k/a St. Marys Healing Center of Stuart, Inc., by its duly authorized officers, hereby certifies that the amendments to these Articles were approved by the Board of Directors by Unanimous Written Consent nunc pro tunc to August 10, 2021.

1. **Article III** is amended in its entirety to read as follows:

The specific purpose for which this corporation is organized is:

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 DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

2. The foregoing amendment to the Articles of Incorporation of The Healing Center of Martin County, Inc. f/k/a St. Marys Healing Center of Stuart, Inc., were adopted by the Board of Directors by Unanimous Written Consent nunc pro tunc to August 10, 2021.

3. All provisions of the Articles of Incorporation of The Healing Center of Martin County, Inc. f/k/a St. Marys Healing Center of Stuart, Inc., are herein confirmed and shall remain in full force and effect, except as specifically amended herein.

IN WITNESS WHEREOF, the undersigned has caused these presents to be signed in its name by its President and Secretary and its corporate seal affixed this 11th day of August 2021.

WITNESSES AS TO PRESIDENT:

THE HEALING CENTER OF MARTIN COUNTY, INC.

Printed Name: David B. Earle
David B. Earle

By: [Signature] President
Todd Cederberg

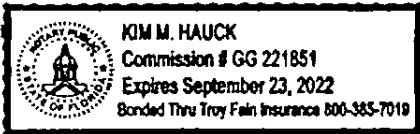
Printed Name: Kim Hauck
Kim Hauck

**CORPORATE
SEAL**

STATE OF FLORIDA
COUNTY OF MARTIN

The foregoing instrument was subscribed, sworn, and acknowledged before me by means of physical presence or online notarization, by Todd Cederberg as President of The Healing Center of Martin County, Inc., who is personally known to me or produced _____ as identification on August 11, 2021.

Notarial Seal



[Signature]
Notary Public

WITNESSES AS TO SECRETARY:

THE HEALING CENTER OF MARTIN COUNTY, INC.

Printed Name: _____

By: _____, Secretary
Nancy Vrechek

Printed Name: _____

**CORPORATE
SEAL**

IN WITNESS WHEREOF, the undersigned has caused these presents to be signed in its name by its President and Secretary and its corporate seal affixed this 11th day of August 2021.

WITNESSES AS TO PRESIDENT:

THE HEALING CENTER OF MARTIN COUNTY, INC.

Printed Name: David B. East
David B. East

By: [Signature] President
Todd Cederberg

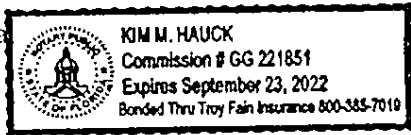
Printed Name: Kim Hauck
Kim Hauck

CORPORATE SEAL

STATE OF FLORIDA
COUNTY OF MARTIN

The foregoing instrument was subscribed, sworn, and acknowledged before me by means of [x] physical presence or [] online notarization, by Todd Cederberg as President of The Healing Center of Martin County, Inc., who is personally known to me or produced _____ as identification on August 11, 2021.

Notarial Seal



[Signature]
Notary Public

WITNESSES AS TO SECRETARY:

THE HEALING CENTER OF MARTIN COUNTY, INC.

Printed Name: NANCY VRECHCK

By: [Signature] Secretary
Nancy Vrechck

Printed Name: _____

CORPORATE SEAL

STATE OF FLORIDA
COUNTY OF MARTIN

The foregoing instrument was subscribed, sworn, and acknowledged before me by means of physical presence or online notarization, by Nancy Vrechek as Secretary of The Healing Center of Martin County, Inc., who is personally known to me or produced Drivers License as identification on August 11, 2021.

Notarial Seal



Notary Public

