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COVER LETTER

TO: Amendment Section Division of Corporations

HEAL FOR LO	VED ONES, INC	
N17000008141		
DOCUMENT NUMBER:		_
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this r	natter to the following:	
DOROTHY GRANT		
	(Name of Contact Person)	
HEAL FOR LOVED ONES, INC		
7.10.1	(Firm/ Company)	
1732 SOUTH CONGRESS AVENUE, UNIT 119)	
	(Address)	
PALM SPRINGS, FL 33461		
	(City/ State and Zip Code)	
HEALFORLOVEDONES@GMAIL.COM		
E-mail address: (to be	used for future annual report notification)	
For further information concerning this matter, ple	ease call:	
DOROTHY GRANT	561 667-8946	
(Name of Contact Pe		
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:	
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta	e & S43.75 Filing Fee & S52.50 Filing Fee tus Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)	
Mailing Address	Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

17 OCT -2 PH 2: 00

HEAL FOR LOVED ONES, INC.

TIENET ON BOYED ONES, INC		<u>4.29、房门</u>
(Name of Corporation as current	ly filed with the Florida Dept. of S	State) Laid DA
N17000008141		
(Document Number	r of Corporation (if known)	·
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit Corpo</i>	oration adopts the following
A. If amending name, enter the new name of the corporati	on:	
		The new
name must he distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	on" or "incorporated" or the abbr	eviation "Corp," or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered offic		me of the
new registered agent and/or the new registered office a	idress:	
Name of New Registered Agent: N/A		
	tFlorida street addr	
New Registered Office Address:	n uruq sireej udur	esvy
		_, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered.	Agent:	
I hereby accept the appointment as registered agent. I am jan	tiliar with and accept the obligation	is of the position.
Si	gnature 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)

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	<u>V</u> <u>Mik</u>	<u>n Doe</u> e Jones y Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) X Change	PT	DOROTHY L GRANT	N/A	
Add				
Remove				·
2) Change	VP	STEPHANIE A SUAREZ	N/A	
Add				
X Remove				
3) Change	SEC	DENISE COCUZZO	N/A	
Add				
X Remove				
4) Change		-	_	
Add				
Remove				
51 Change			_	
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
N/A

The date of each amendmen	AUGUST 08, 2017	, if other than the
ate this document was signe	d.	
ffective date <u>if applicable</u> :	AUGUST 08, 2017	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	be listed as the
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 east for the amendment(s) approval.	
There are no members of adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
SEP Dated	TEMBER 27, 2017	
Signature	tank bushowi	_
have	ne 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)	
D	OROTHY L GRANT	
-	(Typed or printed name of person signing)	
P	RESIDENT	
_	(Title of person signing)	