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COVER LETTER

TO: Amendment Section Division of Corporations

Wholeness NAME OF CORPORATION:	Ministries INC. Registered DB/	A: Wholenes	s Butterfly Foundation
N18000001842			
The enclosed Articles of Amendment and fe	e are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
Melissa H Lutz			
	(Name of Contact Person	 υπ)	
Wholeness Butterfly Foundation			
	(Firm/ Company)	·	
6899 NW 28th way			
	(Address)		
Fort Lauderdale F1, 33309			
	(City/ State and Zip Co	de)	
melissa@wholenesshealth.org			
E-mail address: (o be used for future annual repor	t notification	1)
For further information concerning this matt	er, please call:		
Melissa Lutz	4 at	43	252-4100
(Name of Conta		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amour	t made payable to the Florida De	partment of	State:
■ \$35 Filing Fee □\$43.75 Filin Certificate of	_	Certif Certif	D Filing Fee icate of Status ied Copy tional Copy is used)
Mailing Address	Stree	t Address	

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

Wholeness Ministries INC.		
(Name of Corporation as currently filed with the Flo	rida Dept. of State)	
N18000001842		
(Document)	Number of Corporation (if know	1)
Pursuant to the provisions of section 617,1006, Florida samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For Pr</i>	ofit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co.	rporation" or "incorporated" of	the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable:	6899 NW 28th way	2021 (SEC) TAL
(Principal office address <u>MUST BE A STREET ADD</u>)	RESS) Fort Lauderdale FL 3330) AND I
		7 PH
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	6899 NW 28th way	H 2:4
	Fort Lauderdale FL 33309	
D. If amending the registered agent and/or registere		er the name of the
new registered agent and/or the new registered of		
<u>Name of New Registered Agent</u> :	lissa H Lutz	
689	9 NW 28th way	
New Registered Office Address:	(Florida	street address)
	t Landerdale	33309
	(City)	Florida (Zip Code)
New Registered Agent's Signature, if changing Regis hereby accept the appointment as registered agent. To		obligations of the position.
<u> </u>	Moult My Signature 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	PT John D V Mike Jo SV Sally S	mes	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	VP, S	Megan Bowerman	8211 NW 74th ter Tamarac FL 33321
× Remove			
2) Change Add	D	Rick Reichardt	220 NE 43rd street Oakland Park, FL 33334
X Remove	<u>P. T</u>	Melissa H Lutz	6899 NW 28th wav Fort Lauderdale, FL 33309
4) Change Add	D	Kieth Greer	119 E Sprongettsbury ave York, PA 17403
Remove 5) Change	<u>s</u>	Jocelyn V Kovacs	6899 NW 28th way Fort Lauderdale FL 33309
6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
Article Five			
President - Melissa H Lut	Z		
Secretary - Jocelyn Koyad	cs		
Treasurer - Melissa H Lu			

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he date of each amendment(s) adoption	on:		i	f other than th
ate this document was signed.				
ee				
ffective date <u>if applicable</u> :	(no more than 90 days after	amendment file date)	<u>.</u>	
	The more man so dais the	amenom jut danc)		
ote: If the date inserted in this block do	es not meet the applicable st	atutory filing requirement	s, this date will not be	isted as the
ocument's effective date on the Departm	ent of State's records.	•		
doption of Amendment(s)	(<u>CHECK ONE</u>)			

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Dated	6/12/2021
17444.5	-0-0-11/6
Signature	Thunother
((By the chairman or vice chairman of the board, president or other officer-if director
	have not been selected, by an itteorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Melissa II Lutz
	Melissa H Lutz (Typed or printed name of person signing)