N20000003118

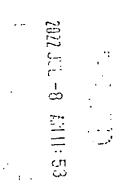
(Red	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

CHRYSALLIS WI NAME OF CORPORATION:	ELLNESS CENTER II	NC		
N20000003118 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are suf	bmitted for filing.			
Please return all correspondence concerning this ma	tter to the following:			
SCARLETT OLIVARES				
	(Name of Contact Po	erson)	<u></u>	<u>.</u>
CHRYSALLIS WELLNESS CENTER INC				
	(Firm/ Company	<i>:</i>)		····
11932 Fairway Lakes Drive				
7-	(Address)			
FORT MYERS				
	(City/ State and Zip	Code)		
scarletto@chrysalliswellnesscenter.com				70
E-mail address: (to be use	ed for future annual rep	ort notificatio	n)	72 -
For further information concerning this matter, pleas	se call:			۲۰ <u>۰</u> ۱
Odeni M Moreno	at	239	237-2801	27 27
(Name of Contact Perso		(Area Code)	(Daytime Telepl	ione 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		Certit s Certit	0 Filing Fee leate of Status led Copy tional Copy is osed)	
Mailing Address Amendment Section Division of Corporations	Ār	rect Address nendment Sect vision of Corp		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

CHRYSALLIS WELLNESS CENTER INC

(Name of Corporation as currently filed with the Floric	ia Dept. of State)
N20000003118	
(Document Nu	imber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation;	atutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:
-	The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRE</u> .	<u>ss</u>)
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	رم ,,
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	ce address:
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register thereby accept the appointment as registered agent. I am	
	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 Doc 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	T	CABRERA, SUCETTE	11932 FAIRWAY LAKES DRIVE FT MYERS, FL 33913
A Remove			
2) Change Add		_	
Remove 3)Remove Add Remove		<u> </u>	
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
		onal Articles, enter change(s) here: essary). (Be specific)	
			
		-	-

		 <u>-</u>	
The date of each amendment(s)	adoption:		, if other than the
date this document was signed.	ay 1, 2022 (no more th		

<u>Note:</u> 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.

	re no members or members entitled to vote on the amendment(s). The amendment(s) was/were by the board of directors.
-	Dated 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) SCARLETT OLIVARES
	(Typed or printed name of person signing)
	PRESIDENT (Title of person signing)