

N20000003631

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
LOTUS HEALING CENTERS, INC,**

Certificate of Status	0
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A. RAMSEY
JUN -3 2022

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June 2, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LOTUS HEALING CENTERS, INC,
390 N. ORANGE AVENUE, SUITE 1400
ORLAND, FL 32801

SUBJECT: LOTUS HEALING CENTERS, INC,
REF: N20000003631

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The first page of the amendment form is blank

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey
OPS

FAX Aud. #: H22000184884
Letter Number: 622A00012380

850-617-6381

6/1/2022 8:58:48 AM PAGE 1/001 Fax Server



June 1, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LOTUS HEALING CENTERS, INC,
390 N. ORANGE AVENUE, SUITE 1400
ORLAND, FL 32801

SUBJECT: LOTUS HEALING CENTERS, INC,
REF: N20000003631

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

NO CHANGES WERE MADE TO THIS DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

FAX Aud. #: B22000184864
Letter Number: 422A00012244

850-617-6381

5/31/2022 9:28:16 AM PAGE

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May 31, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LOTUS HEALING CENTERS, INC.,
1030 SPRING VILLAS POINT
WINTER SPRINGS, FL 32708

SUBJECT: LOTUS HEALING CENTERS, INC.,
REF: N20000003631

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You can only check 1 box. You have the last page of the profit form which also has a box checked. Please put the proper last page with this non-profit filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

FAX Aud. #: H22000184884
Letter Number: 622A00012172



May 26, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LOTUS HEALING CENTERS, INC,
390 N. ORANGE AVENUE, SUITE 1400
ORLAND, FL 32801

SUBJECT: LOTUS HEALING CENTERS, INC,
REF: N20000003631

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a Florida Profit Corporation, but your entity is a Florida Non-Profit Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

FAX Aud. #: H22000184884
Letter Number: 722A00012036

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2022 JUN -2 PM 12 10

Articles of Amendment
to
Articles of Incorporation
of

LOTUS HEALING CENTERS, INC.

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

N20000003631

(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:

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:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(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:

(Florida street address)

New Registered Office Address:

(City) Florida (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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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	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	D	Michael Radka	1030 Spring Villas Court Winter Springs, FL 32708
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	D	Melissa Barbosa	1030 Spring Villas Court Winter Springs, FL 32708
3) <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Roland Samaroo	1030 Spring Villas Court Winter Springs, FL 32708
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

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

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[illegible]

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

Effective date if applicable: _____
(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.

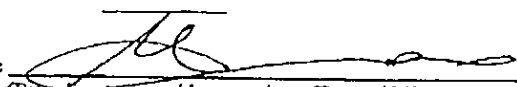
(H22000184884 3)

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- ☐ 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 May 26, 2022

Signature


(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ROLAND SAMAROO

(Typed or printed name of person signing)

Director

(Title of person signing)

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