N21000002422

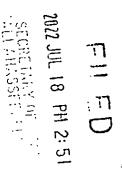
(Requ	estor's Name)
(Addre	ess)
(Addre	ess)
(City/S	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busin	ess Entity Name)
(Docu	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Fili	ing Officer:
	J. HORNE
	GUT 18 2022

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

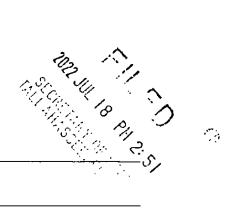
HEALING GARE NAME OF CORPORATION:	DENS FOUNDATION I	NC.	
N21000002422 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are so	ubmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Jennifer Pigg			
	(Name of Contact Pe	rson)	
Jennifer Pigg LLC			
	(Firm/ Company)	
155 N Cory Dr			
	(Address)		1
Edgewater, FL 32141			
	(City/ State and Zip C	Code)	
jp@jenpigg.com			
E-mail address: (to be us	sed for future annual rep	ort notification	n)
For further information concerning this matter, plea	ase call:		
Jennifer L Pigg	at	386	314-7505
(Name of Contact Pers			(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida I	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	-	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		eet Address endment Sect	ion
Division of Corporations		rision of Corpo	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of



HEALING GARDENS FOUNDATION INC.

(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
N21000002422		·
(Document	Number of Corporation (if kn	nown)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	r Profit Corporation adopts the following
A. If amending name, enter the new name of the cor N/A	rporation:	***
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	155 N Cory Drive	
(Principal office address MUST BE A STREET ADDI	RESS Edgewater, FL 32141	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	() 155 N Cory Drive	
<u> </u>	Edgewater, FL 32141	
		
D. If amending the registered agent and/or registered new registered agent and/or the new registered o		enter the name of the
	nifer L Pigg	
	5 N Cory Dr	
 -	· · · · · · · · · · · · · · · · · · ·	rrida street address)
New Registered Office Address:		22141
Edg	gewater	Florida 32141
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		

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 Do V Mike Jo SV Sally S	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) A Change Add	PCD	Jennifer L Pigg	155 N Cory Dr Edgewater, FL 32141
Permove 2) Change Add	TSD	Duane J Vadnais	155 N Cory Dr Edgewater, FL 32141
Remove 3) A Change Add Remove	VD	Nora Preston	8413 Night Owl Dr Riverview, FL 33569
4) Change Add	SD	Emily Marlene Gould	
7 Remove 5) Change Add Remove			
6) Change Add Remove			
		icles, enter change(s) here: (Be specific)	
N/A		·	

N/A					
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The date of each amendment date this document was signed	(s) adoption: July 27,	2022			, if other than the
	July 27, 2022				
Effective date if applicable:		han 90 days after am	vendment file date)		
Note: If the date inserted in the document's effective date on the	is block does not meet	the applicable statut			be listed as the
Adoption of Amendment(s)	(CHECK	ONE)			
The amendment(s) was/w was/were sufficient for ap		nbers and the number	er of votes cast for	the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
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) Jennifer L Pigg
(Typed or printed name of person signing)
President / Chairman / Director
(Title of person signing)

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