N22000006489

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SEP 1 5 2022 S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

MS HEAL THE NAME OF CORPORATION:	E WORLD INC.		
N22000006489 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this	matter to the following	2:	
VICTORIA C. ZINN			
	(Name of Contac	et Person)	
ZINN LEGAL, P.A.			
	(Firm/ Comp	nany)	
140 SOUTH BEACH STREET SUITE #404			
	(Address	.)	<u>,</u>
DAYTONA BEACH, FL 32114			
	(City/ State and 2	Zip Code)	
VICTORIA@ZINNLEGAL.COM			
E-mail address: (to be	used for future annual	report notificatio	n)
For further information concerning this matter, p	lease call:		
VICTORIA ZINN		386	256-946
(Name of Contact Pe	erson)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount ma	de payable to the Flori	da Department of	State:
■ \$35 Filing Fee □ \$43.75 Filing Fee Certificate of Sta		Certif py is Certif	0 Filing Fee Teate of Status Ted Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Sect Division of Corp The Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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Articles of Amendment

	to		
A	rticles of Incorporation		27.
	of		> 51
MS HEAL THE WORLD INC.			35.
(Name of Corporation as currently filed with the Flo	rida Dept. of State)		<u>[H.]</u>
N22000006489			
(Document	Number of Corporation (if k	nown)	JE FLORIDA
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the	Or:
A. If amending name, enter the new name of the cor	poration:		
			_The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated	d" or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)	PFSS)		
Trincipal office address MOST DE A STREET ADDI			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0		
			_
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		, enter the name of the	
new registered agent and/or the new registered o	ince address:		
Name of New Registered Agent:			
New Registered Office Address:	(F	lorida street address)	
ren regimeren vijnee nuaress.			
		Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regis	stered Agent:		
I hereby accept the appointment as registered agent. I		the obligations of the position.	

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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) <u>×</u> Change Add	P	_	Larry Powalisz (Scriveners Error)	ume
Remove				
2) Change Add		_		-
Remove 3) Remove Add Remove		_	-	
4) Change Add		_		
Remove			-	
5) Change Add	<u> </u>	_		
Remove				
6) Change Add		_		<u> </u>
Remove				
E. If amending or addin (attach additional shee			cles, enter change(s) here: (Be specific)	

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 requires	
The date of each amendment(s) adoption:	

(CHECK ONE)

■ The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s)

Adoption of Amendment(s)

was/were sufficient for approval.

the chairman or vice chairman of the board, president or other officer-if directove not been selected, by an incorporator – if in the hands of a receiver, trustee, oner court appointed fiduciary by that fiduciary)
VICTUMA ZMM (Typed or printed name of person signing)

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