

N23000007695

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(City/State/Zip/Phone #)

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE HEALING CARE CENTER, INC.

DOCUMENT NUMBER: N23000007695

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KIANA R GADSON

(Name of Contact Person)

(Firm/ Company)

2424 W. BRANDON BLVD 1463

(Address)

TAMPA, FL 33511

(City/ State and Zip Code)

kgadsonlesw@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIANA R GADSON

(Name of Contact Person)

at 813

(Area Code)

255-8647

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|---|--|---|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

THE HEALING CARE CENTER, INC.

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

N23000007695

(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:

N/A

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)

N/A

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

(Florida street 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

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>JAZMA MARTINEZ</u>	<u>12643 ADVENTURE DR.</u> <u>RIVERVIEW, FL 33579</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>KAREN CHIRINOS</u>	<u>1090 AUDANCE AVE., APT 511</u> <u>BOYNTON BEACH, FL 33426</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>KAREN CHIRINOS</u>	<u>9873 LAWRENCE RD #1309</u> <u>BOYNTON BEACH, FL 33436</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

ADDITION TO ARTICLE III

THE HEALING CARE CENTER INC. IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS,
EDUCATIONAL, AND SCIENTIFIC PURPOSES UNDER SECTION 501(c)(3) OF THE INTERNAL REVENUE CODE,
OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

THE HEALING CARE CENTER INC. MAY THEREFORE SEEK, APPLY FOR, AND RECEIVE DONATIONS,
GRANTS, LOANS, AND OTHER FUNDING FROM INDIVIDUALS, ORGANIZATIONS, CORPORATIONS,
GOVERNMENT AGENCIES, AND OTHERS TO SUPPORT AND CONDUCT, IN ANY MANNER,
ANY LAWFUL ACTIVITIES IN FURTHERANCE OF THESE CHARITABLE, SCIENTIFIC AND EDUCATIONAL
PURPOSES.

IN THE EVENT OF THE DISSOLUTION OF THE CORPORATION AND AFTER PAYMENT OF ALL OUTSTANDING
DEBTS OF THE ORGANIZATION, AS DETERMINED BY THE BOARD OF DIRECTORS, ASSETS SHALL BE
DISTRIBUTED FOR ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(c)(3)
OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

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FILE

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

Effective date if applicable: 08/22/2023
(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.

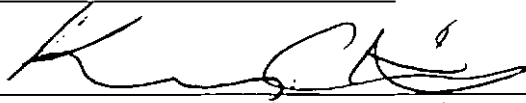
Adoption of Amendment(s) (CHECK ONE)

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

- ☐ 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 08/22/2023

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)

KIANA R GADSON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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CLERK
STATE