N 23000014551

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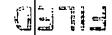
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COVER LETTER

TO: Amendment Section Division of Corporations

HEAL AND GRO	W INC		
N23000014551 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	ibmitted for filing.		
Please return all correspondence concerning this ma	itter to the following:		
Sharrone Harwood			
	(Name of Contact P	erson)	· - · - · · -
HEAL AND GROW INC			
	(Firm/ Compan	y)	
9533 EL CLAIR RANCH RD			
	(Address)		
BOYNTON BEACH, FL 33437			
	(City/ State and Zip	Code)	
healandgrowinc@gmail.com			
E-mail address: (to be us	sed for future annual re	port notification	n)
For further information concerning this matter, plea	ise call:		
Sharrone Harwood	at	786	848-8345
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida	Department of	State:
Status Status Status Status Status Status Status	E □\$43.75 Filing Fee S Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Āī Di T I	reet Address mendment Sectivision of Corpo ne Centre of T 115 N. Monro	orations

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

HEAL AND GROW INC (Name of Corporation as currently filed with the Florida Dept. of State) N23000014551 (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: 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: Sharrone Harwood Name of New Registered Agent: 9533 EL CLAIR RANCH RD (Florida street address) New Registered Office Address: BOYNTON BEACH New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and agrept the obligations of the position.

Signature of Yew 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> V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	Р	Lazaro Anais	9533 EL CLAIR RANCH RD BOYNTON BEACH, FL 33437 UN
X Remove			
2) × Change Add	Р	Sharrone Harwood	9533 EL CLAIR RANCH RD BOYNTON BEACH, FL 33437
Remove	<u>s</u>	Ayala Avroya	5612 PARK ROAD FORT LAUDERDALE, FL 33312
4) Change Add	<u>T</u>	Malka Livingston	3033 NE 183rd In Aventura, FI 33160
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
		ional Articles, enter change(s) here: cessary). (Be specific)	

			
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	<u>-</u>		
			
	<u> </u>		
The date of each amendment(s) adoption:			if other than the
date this document was signed.	<u> </u>		, ii o dioi akiii me
Effective date if applicable:	more than 90 days after amen	dment file date)	
<u>Note:</u> If the date inserted in this block does r document's effective date on the Department	ot meet the applicable statutory of State's records.	tiling requirements, this date wil	I not be listed as the
Adoption of Amendment(s) (G	CHECK ONE)		
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of	of votes cast for the amendment(s))

Dated	/29/2024
Signature	
(By hav	the chairman of vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	SHARRONE HARWOOD
•	(Typed or printed name of person signing)
	President

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were