

NZ4000010593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

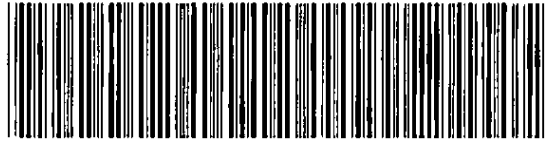
(Document Number)

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TALLAHASSEE, FL

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2024



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2024

TASIA SMITH  
1811 RENAISSANCE COMMONS BLVD  
BOYNTON BEACH, FL 33426

SUBJECT: NATURE HEALS WELLNESS CORPORATION  
Ref. Number: N24000010593

We have received your document for NATURE HEALS WELLNESS CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check one of the adoption of amendment boxes, and please only check one action ofr each peson.

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.

Morgan E Lovett  
Regulatory Specialist II

Letter Number: 524A00021138

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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: NATURE HEALS Wellness Corporation

DOCUMENT NUMBER: 1124000010593

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

Please return all correspondence concerning this matter to the following:

TASIA SMITH  
(Name of Contact Person)

NATURE HEALS Wellness Corporation  
(Firm/ Company)

1811 RENAISSANCE CONDOMINIUMS BLVD  
(Address)

DAVENPORT BEACH FL 33426  
(City/ State and Zip Code)

NATURE4HEALS@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

TASIA SMITH at 631 408-1597  
(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:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$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

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

H24000010593

(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." "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:

\_\_\_\_\_ Florida \_\_\_\_\_

(City)

(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) ☐ Change  
☐ Add

VP

Nest, Katrina

30 West 141st 62  
New York NY 10037

☒ Remove

2) ☐ Change  
☒ Add

D

Tania Hall

30 West 141st 62  
New York NY 10037

☐ Remove  
3) ☐ Change  
☐ Add  
☒ Remove

P

Pioneer, Rhea

1029 Mineral Springs Rd  
Charlotte NC 28262

4) ☐ Change  
☒ Add

Trusty

Derrick Reid

101 S. Federal Highway  
Boynton Beach FL 33435

☐ Remove

5) ☐ Change  
☐ Add

Trusty

Theresa Lanham

108 Madison Ave  
Amityville NY 11701

☒ Remove

6) ☐ Change  
☒ Add

Officer

Theresa Lanham

108 Madison Ave  
Amityville NY 11701

☐ Remove

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

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[Lined area for text entry]

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

Effective date if applicable: 10/23/2024  
(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)

- ☐ 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 9/16/2024

Signature Tasia Smith  
(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)

TASIA SMITH  
(Typed or printed name of person signing)

Registered Agent  
(Title of person signing)

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