## N24000010593

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





800439776878

11/18/24--01033--009 \*\*35.00

2024 HOV 18 PM 3: 18

NOV 2 5 2024 D CUSHING

## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: NATURE HEALS Wellness Corporation DOCUMENT NUMBER: <u>1240000 10593</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person

NATURE HEALS WELLINGS CORPORATIONS

Firm/Company 1811 Renaiss PARC BAHONS BIVD
Address For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: 🞾 \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

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

(Additional Copy is enclosed)

## Articles of Amendment ol

Articles of Incorporation of

	240000/0593					
	e of Corporation as currently					
& KIAty Re H	eals wellness	Corporati	101			<del></del>
	(Document Number of)	Corporation (if known)				
Pursuant to the provisions of section 60 its Articles of Incorporation:	7.1006, Florida Statutes, this $F$	lorida Profit Corporation :	adopts the follo	wing ame	ndment	i(s) to
A. If amending name, enter the new	name of the corporation;					
					กลา	
name must be distinguishable and conta "Inc.," or Co.," or the designation "chartered," "professional association	"Corp," "Inc," or "Co". A	ompany," or "incorporated professional corporation	" or the abbrev name_must_coi	iation "Ce ntain the	orp" word	
B. Enter new principal office address (Principal office address <u>MUST BE A</u>						
				• ••	20	
			<del></del> -		24.7	
C. Enter new mailing address, if ap (Mailing address MAY BE A POS				1/31	A01	-
(Maning address Martin Martin Vol	, (17 TC1, 1991)			نِنز	<u></u>	į
				<u> </u>	_P#	M
					် ်	<b>%</b>
D. If amending the registered agent new registered agent and/or the r	and/or registered office addre ew registered office address:	ss in Florida, enter the na	ime of the	프	<del>်</del>	
Name of New Registered Ager	ı	,				
		_				
	(Florida stree	t address)				
New Registered Office Address			_, Florida		<del></del> -	
	i C	Tuya Tuya	()	Zip Coder		
New Registered Agent's Signature, if I hereby accept the appointment as reg		th and accept the obligation	ns of the positic	эп,		
, , , , , ,		, g	, .,			
	Simulation of V = 1 B or	dan and the same of the beautiful and				
	Signature of New Reg	istered Agent, if changing				

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u> <u>John E</u>	<del>Duc</del>	
X Remove	<u>V</u> <u>Mike J</u>	lones	
_X Add	SV Sally S	Smith	
Type of Action (Check One)	Title	Name	Address
1) <b>Z</b> _Change	$\mathcal{D}_{-}$	TARIO HALL	30 West 141 St 64 New YORK, NY 10037
Add Remove			Newyork, Ny 10037
2) Change Add	D	TASIA Smith	1811 Renaissance Commons BIVD. BOYNHON BEACH FL
Remove 3 ) Change			33426
Add			
Remove 4) Change			
Add			
Remove			
Add			
Remove  6) Change			
Add			
Remove			

900 -	/ASIA	Smit H	- Direc	HOR		
			·-·			<del></del>
						<u></u>
	_					
- · · · · · · · · · · · · · · · · · · ·						
ti Ifan amand	langue manyidan Con	an exchange, recla				
provisions	for implementing applicable, indicate	the amendment if t	not contained in t	he amendment	itself:	
(у посс	ирисате, такаю	1.77,1)				
					<del></del> -	

.

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoptection was not required.	oted by the incorporators, or board of directors without shareholder	action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendaticient for approval.	rent(s)
	oved by the shareholders through voting groups. The following sta- each voting group entitled to vote separately on the amendment(s):	ttement
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	2/2024 Sia Juist	
		<u> </u>
	ector, president or other officer - if directors or officers have not b by an incorporator - if in the hands of a receiver, trustee, or other	
	d fiduciary by that fiduciary)	tour.
	TASIA SAILT	
-	(Typed or printed name of person signing)	
	DiRector	
_	(Title of person signing)	