P05000066215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

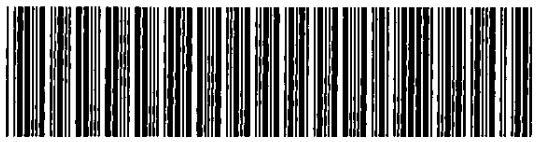
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200076229862

Name Change Amend

06/16/06--01030--002 **52.50

FILED
06 JUN 16 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Rob
6/22/06

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MONA ISSA CHIROPRACTIC and HOLISTIC CENTER INC.

DOCUMENT NUMBER: P05000066215

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

Please return all correspondence concerning this matter to the following:

Dr. MONA ISSA
(Name of Contact Person)

MONA ISSA Chiropractic + Wellness Center
(Firm/ Company)

11200 Pines Blvd # 101
(Address)

Pembroke Pines FL 33026
(City/ State and Zip Code)

For further information concerning this matter, please call:

Dr. MONA ISSA at (954) 880-0101
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
06 JUN 16 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MONA ISSA CHIROPRACTIC & Holistic Center Inc.
(Name of corporation as currently filed with the Florida Dept. of State)

P05000066215
(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME *(if changing)*:

MONA ISSA CHIROPRACTIC AND HOLISTIC CENTER P.A.
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A *professional* corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

N/A

(continued)

The date of each amendment(s) adoption: 6/12/06

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☑ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature _____
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Dr. MONA ISSA
(Typed or printed name of person signing)

Director / owner
(Title of person signing)

FILING FEE: $35