

P05000117917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

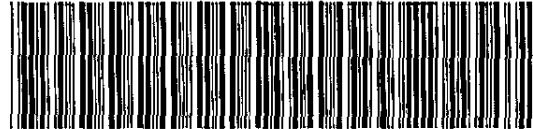
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800060608698

*Amend
T. Lewis*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 OCT 17 AM 8:08

FILED

10/17/05--01031--006 **35.00

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MIAMI HEALING CENTER INC

DOCUMENT NUMBER: P05000117917

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

Please return all correspondence concerning this matter to the following:

Isabel Garcia
(Name of Contact Person)

MIAMI HEALING NATURAL CENTER INC.
(Firm/ Company)

12110 SW 117 COURT
(Address)

MIAMI FL. 33186
(City/ State and Zip Code)

For further information concerning this matter, please call:

Isabel Garcia at (786) 444 2089
(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 4, 2005

ISABEL GARCIA
MIAMI HEALING NATURAL CENTER, INC.
12110 S.W. 117TH COURT
MIAMI, FL 33186

SUBJECT: MIAMI HEALING NATURAL CENTER INC.
Ref. Number: P05000117917

We have received your document for MIAMI HEALING NATURAL CENTER INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 105A00060268

Articles of Amendment
to
Articles of Incorporation
of

MIAMI HEALING NATURAL CENTER INC

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

FILED
05 OCT 17 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P05000117917

(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):

N/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)**

A VII - delete: JUDITH VALDES Title: P

delete: Isabel Garcia Title: VP

ADD: Isabel Garcia Title: P

(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: 09-30-05

Effective date if applicable: 09-30-05
(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 Isabel Garcia
(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)

Isabel Garcia
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE: \$35