

P09000086472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

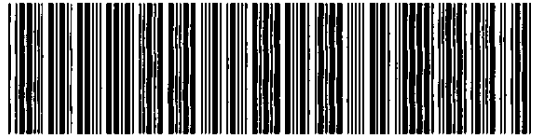
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2010 FEB - 4 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Amend

TB

FEB - 4 2010

Family Wellness and Healing Center

January 22, 2010

Re: Family Wellness and Healing Center

To Whom It May Concern,

Please accept this as a request to remove Sandra Diaz from Vice President of the corporation. Replace the position of Vice President with Aileen Nunez who is also the secretary of the corporation.

Also, please note that I would also like to request to update the address and phone numbers to our new location:

Family Wellness and Healing Center, Corp.
11160 SW 88 Street
Suite 100
Miami, FL 33176
305/275-0999

Thank you for your assistance and prompt attention to this matter.

Sincerely,


Sonia Ginebra
President

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Family wellness and Healing Center, Corp.

DOCUMENT NUMBER: P 09000086472

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

Please return all correspondence concerning this matter to the following:

Sonia Ginebra
Name of Contact Person

Family wellness and Healing Center, Corp.
Firm/ Company

11160 S.W. 88 St. Suite 100
Address

Miami, Fl. 33176
City/ State and Zip Code

famwellhealing@aatt.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aileen Nuñez at (305) 525-0384
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:

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$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
Division of Corporations

January 28, 2010

SONIA GINEBRA
FAMILY WELLNESS AND HEALING CENTER CORP.
11160 SW 88 ST STE 100
MIAMI, FL 33176

SUBJECT: FAMILY WELLNESS AND HEALING CENTER CORP.
Ref. Number: P09000086472

We have received your document for FAMILY WELLNESS AND HEALING CENTER CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We did not receive the third page of the amendment. I have enclosed the third page to be completed and signed.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 010A00002326

Articles of Amendment
to
Articles of Incorporation
of

Family Wellness and Healing Center Corp.
(Name of Corporation as currently filed with the Florida Dept. of State)

P09000086472

(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

11160 SW 88th St., Ste. 100-101

Miami, FL 33176

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:

Aileen Nuñez

New Registered Office Address:

11160 SW 88th St., Ste 100-101

(Florida street address)

Miami

(City)

Florida 33176
(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]
Signature of New 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Vice-President	Sandra Diaz	7600 Red Road, Ste 305 Miami, FL 33143	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Vice-President	Aileen Nuñez	11160 SW 88th, ST, Ste 100 Miami, FL 33176	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an 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

The date of each amendment(s) adoption: 12/21/2009

Effective date if applicable: 12/21/2009 (date of adoption is required)
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted 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

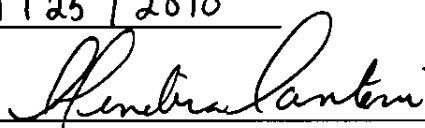
by _____."
(voting group)

☐ 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.

Dated 1/25/2010

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)

Sonia Ginebra
(Typed or printed name of person signing)

President
(Title of person signing)