

P10 0000645322

(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



000241484050

FILING CANCELLED  
RETURNED CHECK

11/05/12--01032--011 \*\*35.00

FILED  
12 NOV -5 PM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 07 2012  
T. LEMIEUX  
*[Signature]*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Healing Wellness VQH & TLT Center, Inc.  
**DOCUMENT NUMBER:** P10000045322

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

Please return all correspondence concerning this matter to the following:

Sarah Oxidine  
Name of Contact Person  
Healing Wellness VQH & TLT Center, Inc.  
Firm/ Company  
16850 Collins Avenue Suite 112  
Address  
Sunny Isles Beach, FL 33160  
City/ State and Zip Code  
homecenter.gallery@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Oxidine at ( 786 ) 332-4706  
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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

FILING CANCELLED  
RETURNED CHECK

Healing Wellness VQH & TLT Center, Inc.

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

P10000045322

(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:**

N/A

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**)

Healing Wellness VQH & TLT Center, Inc.  
16850 Collins Ave, Suite 112  
Sunny Isles Beach, FL 33160

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

**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

Berthram B. Samuel

912 NE 81 St

(Florida street address)

New Registered Office Address:

Miami

(City)

Florida 33138

(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

FILED  
12 NOV -5 PM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

☒ Change      PT      John Doe  
  
☒ Remove      V      Mike Jones  
  
☒ Add      SV      Sally Smith

FILING CANCELLED  
RETURNED CHECK

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Macule Ariste</u>	<u>Healing Wellness VQH &amp; TLT Center, Inc</u> <u>16850 Collins Ave. Suite 112</u> <u>Sunny Isles Beach, FL 33160</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Sarah Oxidine</u>	<u>Healing Wellness VQH &amp; TLT Center, Inc</u> <u>16850 Collins Ave. Suite 112</u> <u>Sunny Isles Beach, FL 33160</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Solomon Cohn</u>	<u>Healing Wellness VQH &amp; TLT Center, Inc.</u> <u>18200 Collins Ave #200</u> <u>Sunny Isles Beach, FL 33160</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Solomon Cohn</u>	<u>Healing Wellness VQH &amp; TLT center, Inc</u> <u>18200 Collins Ave. #200</u> <u>Sunny Isles Beach, FL 33160</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<del><u>RA</u></del>	<del><u>Solomon Cohn</u></del>	<del><u>Healing Wellness VQH &amp; TLT center, Inc.</u></del> <del><u>18200 Collins Ave #200</u></del> <del><u>Sunny Isles Beach, FL 33160</u></del>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

# FILING CANCELLED RETURNED CHECK

**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: \_\_\_\_\_

9/21/12

Effective date if applicable: \_\_\_\_\_

N/A  
(no more than 90 days after amendment file date)

FILING CANCELLED  
RETURNED CHECK

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

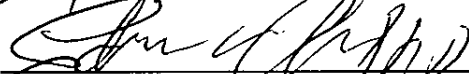
by \_\_\_\_\_."  
(voting group)

- ☐ 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

SEP 21 12

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)

SALOMON POHN  
(Typed or printed name of person signing)

DIRECTOR / PRESIDENT

(Title of person signing)