# P12000014535

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Amend as

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Healing Revolutions, Inc. DOCUMENT NUMBER: P12000076535					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Billie Sue Roberson, Sec.					
Name of Contact Person	-				
Healing Revolutions, Inc.					
Firm/ Company	-				
620 Jasmine Road					
Address					
Altamonte Springs, FL 32701					
City/ State and Zip Code	-				
·					
healingrevolutionswellness@gmail.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Billie Sue Roberson at (407) 982-5509  Name of Contact Person Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number	r				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
□ \$35 Filing Fee Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)					
Mailing Address Street Address					
Amendment Section Amendment Section					
Division of Corporations  Division of Corporations					
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle					

Tallahassee, FL 32301

### **Articles of Amendment** to Articles of Incorporation



## Healing Revolutions, Inc.

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

ment(s) to

P12000076535				
(Document Number of	f Corporation (if )	(nown)		
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Fa	orida Profit Corpora	tion adopts the following	amendme
A. If amending name, enter the new name of the co	orporation;			
				The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "C	o". A professional c	ncorporated" or the abb orporation name must co	breviation ontain the
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET AD</u>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X</u> )	<del> </del>		
D. If amending the registered agent and/or registe	red office addre	ss in Florida, enter tl	ne name of the	
new registered agent and/or the new registered				
Name of New Registered Agent			<del></del>	
	(Florida stree	t address)	<del></del>	
New Registered Office Address:		T.	lorida	
New Negisiereu Office Auuress.	(City)	, г	(Zip Code)	
New Registered Agent's Signature, if changing Reg				
I hereby accept the appointment as registered agent.	I am familiar wi	th and accept the obli	gations of the position.	
			<del></del>	

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)

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: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	D		Raymond Sugita	620 Jasmine Road
Add				Altamonte Springs, FL
Remove				32701 US
2) Change	D		David A. Lacy	620 Jasmine Road
Add				Altamonte Springs, FL
Remove				32701 US
3) Change		_		<u> </u>
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				****
6) Change		<del></del>		
Add				
Remove				

**	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself;

The date of each amendment(s) adoption: April 9, 2014	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(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 by the shareholders was/were sufficient for approval.	:(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"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 sharehol action was not required.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated April 9, 2014	
Signature Billio Sue Roberson	
(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 co appointed fiduciary by that fiduciary)	art
Billie Sue Roberson	
(Typed or printed name of person signing)	
Secretary	
(Title of person signing)	