

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: EZER NATURAL HEALING INC.
DOCUMENT NUMBER: <u>P14000039812</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RANE ALVARED. Name of Contact Person
EZZP NATURAL HZALING INC
4418 NUNIVERSITY DR. Address
LAUDER LILL FL 33351 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PAVEN A CHAPE2: at (321) 437-5027 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:
S35 Filing Fee Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of Incorporation of

	01			- []
EZZIZ NATI	JRAL HEALING	, iNC.	- 2025 : 0 -	-
(Name of	Corporation as currently l	filed with the Florida I	Dépti öf State)	8 7.11 E: 45
	(Document Number of C		<u> </u>	
	(Document Number of C	Corporation (if known)	L.'.	一套層
arsuant to the provisions of section 607.10 s Articles of Incorporation:	006, Florida Statutes, this <i>Fl</i> o	orida Profit Corporatio	m adopts the fo	llowing amendment(s
If amending name, enter the new nam	ne of the corporation:			
				The new
ime must be distinguishable and contain th lnc.," or Co.," or the designation "Co. chartered," "professional association," o	orp," "Inc," or "Co". A p	npany," or "incorporat professional corporatio	'ed" or the abbr on-name-must	eviation "Corp.," contain the word
Enter new principal office address, if Principal office address <u>MUST BE A STI</u>				
				
Enter new mailing address, if applications and address MAY BE A POST Of				
		. 21 13		
If amending the registered agent and, new registered agent and/or the new		is in Florida, enter the	name of the	
Name of New Registered Agent	PAVEN ALVA	CLL		
Name of New Registered Agent	•		O.	
_	III NORTH OF	ANCE AVE. S.	U TT 800	<u>) </u>
		,		22001
New Registered Office Address:		in)	Florida	(Ziv Code)
		• '		•
ew Registered Agent's Signature, if cha	anging Registered Agent:			
hereby accept the appointment as register	ed agent. I am familiar wit	h and accept the obliga	tions of the pos	ition.
	4	^		
	Paul	(h)		
	Signature of New Reg	istered Agent, if change	ng	
	Signature of You Reg	istered Agent, if change	ng	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>_P</u>	RAVEN ALVAREZ	III NOTTH DRANGE ALE
_ <u>X_</u>			SUITE 800
Remove			ORLANDO, FL 32801
2) Change	_5_	APOLIEN DEMIJ	111 NORTH BRANGE ME
X_ Add			SUTTE 800
Remove 3) _X_ Change		JOSEPH LEE	0PLAND FL 32801 4418 NUNUESTYD2
Add			LAUDERHILL, FI 3335
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

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The date of each amendment(s) adoption: $3/28/2024$ date this document was signed.	, if other than the
	endment file date)
(no more man 90 days after am	vnameni jue aate)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	aling requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of director action was not required.	rs without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of vot by the shareholders was/were sufficient for approval.	es east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gromust be separately provided for each voting group entitled to vote separately	
"The number of votes east for the amendment(s) was/were sufficient for	approval
by	."
(voting group)	
Dated3/28/2024	
Signature RADA A	
(By a director president or other officer – if directors selected, by an incorporator – if in the hands of a rec	
appointed fiduciary by that fiduciary)	erver, trustee, or other count
RAVEN ALVAREZ	
(Typed or printed name of person	signing)
PRESIDENT	
(Title of person signing)	