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COVER LETTER

T0: Amendment Section
Division of Corporations

NAME OF CORPORATION: WHULISTIC ACU AND WELLNESS, INC.			
DOCUMENT NUMBER: P16000069026			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Julie Min Jedner Kim Name of Contact Person			
Firm/ Company			
436 NE 77th STREET RD. APT#6			
Address			
Miami, FL 33138 City/ State and Zip Code			
Tuliekimnyc @ Gmail. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call: TULIE MIN JEONE Kim at 305 803-1050			
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:			
□ \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

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SECRETARY OF STATE TALLAHASSET FLORIDA

Articles of Amendment to Articles of Incorporation of

WHOLISTIC ACU AND	WELLNESS, INC.
(<u>Name of Corporation as currently f</u>	iled with the Florida Dept. of State)
P1600006902	26
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Statutes, the Florida	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
JULES ACUPUNCTURE name must be distinguishable and contain the word "corporation,"	INC. The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)	". A professional corporation name must contain the
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	NIA
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
	<u> A</u>
(Florida street	address)
New Registered Office Address:	A Florida
	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
N /	
Signature of New Heg	istered 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 Doe X Remove <u>V</u> Mike Jones X Add <u>SV</u> Sally Smith Type of Action Title Name Address (Check One) NA 1) ____ Change ___ Add _ Remove NA 2) Change ___ Add ____ Remove NA 3) ____ Change __ Add _ Remove NA 4) ____ Change __ Add ___ Remove 5) Change Add Remove NIA 6) ____ Change

Add

Remove

f amending or adding additional A Attach <i>additional sheets, if necessary</i>	
	N/A
	A. C.
· · · · · · · · · · · · · · · · · · ·	
	
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f an amendment provides for an expressions for implementing the an	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
· · · · · · · · · · · · · · · · · · ·	NA
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The date of each amendment(s) adoption: 8/29/16	, if other than the
date this document was signed.	, ii odici ulaii ulc
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
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):	t
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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.	
Dated8/29/16	
Signature Outto	
(By a director, president of 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)	
Julie Min Jeong Kim	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	