

**P18000011449**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000385640 3)))



H230003856403ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : 120000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FILED**  
2023 NOV -6 AM 8:58  
TALLAHASSEE, FL  
CLERK OF CIRCUIT COURT

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
N&Y COMMUNITY WELLNESS CENTER CORP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

2023 NOV -6 PM 2:17  
CLERK OF CIRCUIT COURT

Articles of Amendment  
to  
Articles of Incorporation  
of

N&Y COMMUNITY WELLNESS CENTER CORP

Florida Document Number: P18000011449

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

NARIEL PENA PACHECO Vice President (VP) Add

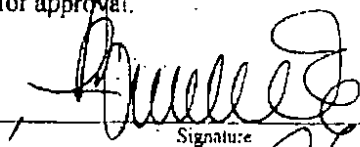
10502 SW 144TH CT

MIAMI, FL 33186

FILED  
2023 NOV - 6 AM 8:58  
TALLAHASSEE, FL  
CLERK OF STATE

These articles of amendment were adopted on 10/2/2023

The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.

  
Signature  
Barbara Gonzalez  
Printed Name and Title

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 of New Registered Agent, if changing