# P1800095320

| (F                     | Requestor's Name)       | <del></del> |
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| PICK-UP                | ☐ WAIT                  | MAIL        |
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| Certified Copies       | Certificates of         | Status      |
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| Special Instructions t | o Filing Officer:       |             |
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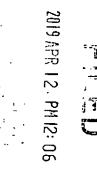
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C. GOLDEN APR 15 209

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORAT              | TON: INTERNATIONAL  | L CENTER OF HOLISTIC   | SPIRITUALITY, CORP.  |
|-------------------------------|---|--|--|
| DOCUMENT NUMBER               | P18000095220  |  |  |
| The enclosed Articles of A    | Amendment and fee are sul   | omitted for filing.  |  |
| Please return all correspor   | dence concerning this mat   | ter to the following:  |  |
|                               | DR.   | LINO B. TOMACEN VE   | RA   |
|                               |   | Name of Contact Person   |  |
|                               |   | Firm/ Company  | <del></del>  |
|                               |   | 6724 SW 21st STREET  |  |
| _                             |   | Address  |  |
|                               |   | MIAMI, FL. 33157   |  |
|                               |   | City/ State and Zip Code   |  |
|                               | RESCUE  | THEYOUTHRTY@YAHO   | O.COM  |
| <del></del>                   | E-mail address: (to be us   | ed for future annual report i                                      | notification)  |
| For further information co    | ncerning this matter, pleas   | e call:  |  |
| DR. LINO B. TOMA              | CEN VERA  | 305<br>at (  | 491-0224   |
| Name of C                     | ontact Person   |  | le & Daytime Telephone Number  |
| Enclosed is a check for the   | e following amount made p   | ayable to the Florida Depa   | tment of State:  |
| S35 Filing Fee                | □\$43.75 Filing Fee & Certificate of Status                           | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Amendr<br>Divisior<br>P.O. Bo | Address<br>nent Section<br>of Corporations<br>x 6327<br>see, FL 32314 | Amendi<br>Division<br>Clifton<br>2661 Es                           | Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301  |



March 16, 2019

LINO B. TOMACEN VERA **6724 SW 21ST STREET** MIAMI, FL 33157

SUBJECT: INTERNATIONAL CENTER OF HOLISTIC SPIRITUALITY, CORP.

Ref. Number: P18000095220

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

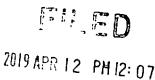
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 919A00005306

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



#### INTERNATIONAL CENTER OF HOLISTIC SPIRITUALITY, CORP.

## (Name of Corporation as currently filed with the Florida Dept. of State) P18000095220 (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: 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: \_ \_. Florida\_ 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

## 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 Doc | <u> </u>         |                     |
|----------------------------|-------------|----------|------------------|---------------------|
| X Remove                   | <u>V</u>    | Mike Jon | <u>neş</u>       |                     |
| _X Add                     | <u>sv</u>   | Sally Sm | <u>ith</u>       |                     |
| Type of Action (Check One) | Title       |          | <u>Name</u>      | <u>Addres</u> s     |
| 1) Change                  | D           |          | LIANET O. PLUTIN | 6724 SW 21st STREET |
| X Add                      |             |          |                  | MIAMI, FL. 33157    |
| Remove                     |             |          |                  |                     |
| 2) Change                  | <del></del> | -        | <del></del>      |                     |
| Add                        |             |          |                  |                     |
| Remove                     |             |          |                  |                     |
| 3 ) Change                 |             | _        |                  |                     |
| Add                        |             |          |                  |                     |
| Remove                     |             |          |                  |                     |
| 4) Change                  |             |          | <del></del>      |                     |
| Add                        |             |          |                  |                     |
| Remove                     |             |          |                  |                     |
| 5) Change                  |             |          |                  |                     |
| Add                        |             |          |                  |                     |
| Remove                     |             |          |                  |                     |
| 6) Change                  |             | _        | <del></del>      |                     |
| Add                        |             |          |                  |                     |
| Remove                     |             |          |                  |                     |

|                  | litional sheet. | additional Art<br>s, if necessary). | (Be specific)          |                  |                  |               |   |
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| <u>f an amen</u> | dment prov      | ides for an excluenting the ame     | <u>hange, reclassi</u> | ification, or ca | incellation of i | ssued shares, |   |
| (if not          | t applicable,   | indicate N/A)                       | andulent ii not        | contained in     | ine amenumen     | it itsett.    |   |
|                  | N/A             |                                     |                        |                  |                  |               |   |
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|  | 2/26/2019                    |  |             |
|--|------------------------------|--|-------------|
| The date of each amendment(s) adop   | otion:                       | , if other   | er than the |
| date this document was signed.   |                              |  |             |
| 2/26/11  | )                            |  |             |
| Effective date <u>if applicable</u> :  | (no more than 90 da          | ivs after amendment file date)   | _           |
| Note: If the date inserted in this bloodocument's effective date on the Depa   |                              | e statutory filing requirements, this date will not be lis                         | sted as the |
| Adoption of Amendment(s)   | (CHECK ONE)                  |  |             |
| The amendment(s) was/were adopt by the shareholders was/were suffi   |                              | mber of votes cast for the amendment(s)  |             |
| ☐ The amendment(s) was/were appromust be separately provided for ea  |                              | n voting groups. The following statement eseparately on the amendment(s):          |             |
| "The number of votes east for  | the amendment(s) was/were su | officient for approval   |             |
| by   | (voting group)               | <u>,</u>   |             |
|  | (voting group)               |  |             |
| <ul> <li>☐ The amendment(s) was/were adopt action was not required.</li> <li>☐ The amendment(s) was/were adopt action was not required.</li> </ul> |                              | hout shareholder action and shareholder shareholder action and shareholder         |             |
| 2/26/19<br>Dated   |                              |  |             |
| selected,  |                              | if directors or officers have not been ands of a receiver, trustee, or other court |             |
|  | DR. LINO B. TO               | MACEN VERA   |             |
| -  | (Typed or printed nam        | e of person signing)   | _           |
|  | PRESII                       | DENT   |             |
| _  | (Title of pe                 | erson signing)   | _           |