

PIACOC 042 501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

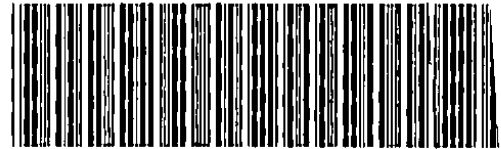
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09/30/19--01023--021 \*

TALLAHASSEE

OCT 15 2019

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: NATURAL HEALING SOLUTION INC

DOCUMENT NUMBER: P19000042593

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARMEN CUENCA

Name of Contact Person

CC ACCOUNTING CO

Firm/ Company

1204 NW 69TH TERRACE SUITE D

Address

GAINESVILLE, FL 32605

City/ State and Zip Code

carmen@ccuenca.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARMEN CUENCA

Name of Contact Person

at ( 352 ) 3317841

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 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)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## NATURAL HEALING SOLUTION INC

P19000042593

Page 1 of 4

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 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. If 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                      PT        John Doe

X Remove                      V        Mike Jones

X Add                              SV        Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change	<u>D</u>	<u>ROSAS, RHAYZA</u>	<u>13574 VILLAGE PARK DR, 250</u>
<u>      </u> Add			<u>ORLANDO, FL 32837</u>
<u>      </u> Remove			
2) <u>X</u> Change	<u>D</u>	<u>ARNAUD, ELIZABETH M</u>	<u>13574 VILLAGE PARK DR, 250</u>
<u>      </u> Add			<u>ORLANDO, FL 32837</u>
<u>      </u> Remove			
3) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			
4) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			
5) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			
6) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

09/26/2019

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

09/26/2019

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 will not be listed as the document's effective date on the Department of State's records.

**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):*

"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 shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

09/26/2019

Dated \_\_\_\_\_

Signature \_\_\_\_\_

(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 court appointed fiduciary by that fiduciary)

CARMEN CUENCA

\_\_\_\_\_  
(Typed or printed name of person signing)

\_\_\_\_\_  
Registered Agent

\_\_\_\_\_  
(Title of person signing)