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R. WALL 817 01 011

COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: NO MUDOCUMENT NUMBER: P2000	10, NO LOTUS INC.
The enclosed Articles of Amendment and fee are sul	omitted for filing.
Please return all correspondence concerning this mal	tter to the following:
Gara Stein No Mud, 6057 NW 3 Bocg Rator Gara DStein	Name of Contact Person ND LOTUS INC. Firm/ Company Of May Address City/ State and Zip Code Company Code for future annual report notification)
For further information concerning this matter, pleas	se call:
Name of Contact Person Enclosed is a check for the following amount made	at (50) 302 - 9294 Area Code & Daytime Telephone Number payable to the Florida Department of State:
\$35 Filing Fee \$\text{Certificate of Status}	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MM CN	No Lotus.
(Name of Corporation as current	ly filed with the Florida Dept. of State
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Real Healing Courselling	INC. The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
	_
Name of New Registered Agent	
(Florida st	reet address)
·	,
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
r neresy decept the approximent as registered agent. I am januar	with that decept the obligations of the position.
Signature of New F	Registered Agent, if changing
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)

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		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name		Address
1) Change				
Add				
Remove				
2) Change				
Add				
Remove Change		····		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change			<u> </u>	
Add				
Remove				

	idding additional Ail sheets, if necessary)). (Be specific)			
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an amendmen	it provides for an ex	change, reclassific	cation, or cancellat	tion of issued shar	es,
<u>orovisions for i</u>	mplementing the an	nendment if not co	ontained in the am	endment itself:	_
(if not appli	icable, indicate N/A)				
					

The date of each amendment(s) adoption: late this document was signed.	August, 19,20	if other than	the
Effective date <u>if applicable</u> :	SAP (no more than 90 days after amendi	ment file date)	
Note: If the date inserted in this block does document's effective date on the Department of		ng requirements, this date will not be listed as	the
Adoption of Amendment(s) (C	HECK ONE)		
☐ The amendment(s) was/were adopted by the action was not required.	·		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		ast for the amendment(s)	
☐ The amendment(s) was/were approved by t must be separately provided for each voting			
"The number of votes cast for the ame	endment(s) was/were sufficient for app	proval	
by			
(W	ting group)		
Dated August.)	9,2021 110R		
Signature (By a director, pre	sident or other officer – if directors or	officers have not been	
selected, by an inc	orporator – if in the hands of a receive y by that fiduciary)		
	Gara Steir	rfeld	
	(Typed or printed name of person sign		
	President		
	(Title of person signing)		