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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CARLA CARDOS	O VOICE,INC.	
	BER: P20000013822		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	JOHN P MILLER		
	W	Name of Contact Persor	<u> </u>
	JOHN P MILLER CPA PA		
		Firm/ Company	
	2499 GLADES ROAD STE	304	
	-	Address	
	BOCA RATON FL 33431		
		City/ State and Zip Code	2
	john@johnpmillerepa.com		
		sed for future annual report	notification)
For further informati	on concerning this matter, pleas		368-9777
Name	of Contact Person	Area Co) 368-9777 le & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation



CARLA CARDOSO VOICE, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P20000013822

(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	e corporation:	
LOVE TO HEAL ACUPUNCTURE & WELLNES	SS, INC.	The nev
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the ab	ne," or "Co". A professional corpora	rated" or the abbreviation "Corp., ation name must contain the word
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	
D. If amending the registered agent and/or reginew registered agent and/or the new register Name of New Registered Agent		the name of the
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)

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.

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)

Example:

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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jor	nes	
X Add	<u>SV</u>	Sally Sm	nith_	
Type of Action (Check One)	<u>Title</u>		Name	Address
l) Change		-		
Add				
Remove				
2) Change		<u> </u>		
Add				
Remove 3) Change		_		
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

	(Be specific)		
			
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		<u>. </u>	
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If an amendment provides for an exch	anve_reclassification_or_cancell	ation of issued shares.	
provisions for implementing the ame	dment if not contained in the a	mendment itself:	
(if not applicable, indicate N/A)			
···			

SEPTEMBER 21ST, 2023 The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
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 n document's effective date on the Department of State's records.	iot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and staction was not required.	hareholder
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)	
SEPTEMER 21ST, 2023 Dated Signature Onda Ondon Stany	-
(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)	
CARLA C. STRANNIGAN	
(Typed or printed name of person signing)	
PRESIDENT AND DIRECTOR	
(Title of person signing)	