P2000096992

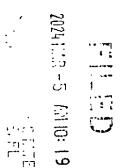
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	Building Trust. Co. RATION:		
DOCUMENT NUM	P20000096992 BER:	····	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Lory Toussaint		
		Name of Contact Person	1
	8190 Cleary Blvd #1904	Firm/ Company	
	Plantation, FL 33324	Address	
		City/ State and Zip Code	e
	lory@yourroadtohealing.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
Lory Toussaint		954 at (649-4433
Name	of Contact Person	Area Co	de & 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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	iling Address endment Section dision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

Building Trust, CO.	Fair
P20000096992	filed with the Florida Dept. of State)
P.2000009992	Corporation (if known)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Iorida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation: Your Road To Healing, Co.	The new
"chartered," "professional association," or the abbreviation "P.A."	- · · · · · · · · · · · · · · · · · · ·
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Plantation, FL 33317
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7027 W Broward Blvd #726 Plantation, FL 33317
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et 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 wi	ith and accept the obligations of the position. gistered Agent, if changing
, ,	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (example of the content of the conten), 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 <math>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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change		
Add	$\sim 1 + 1 = 1$	
Remove		
2) Change		
Add	· ·	
Remove 3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

(Attac	nending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific)
	NIIA
	
pro	amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
	<u> </u>
	1 > 1 1 1

.

The date of each amendment(s) addate this document was signed.	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<u></u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendr fficient for approval.	nent(s)
	roved by the shareholders through voting groups. The following state 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)	
	(voting group)	
2/26/2024		
Dated		
Signature <u>fu</u>	y Tollant	
(By a di	rector, president or other officer – if directors or officers have not be	
	t, by an incorporator - if in the hands of a receiver, trustee, or other	court
	ed fiduciary by that fiduciary) Lory Toussaint	
	ixny roussaint	
	(Typed or printed name of person signing)	
	PD	
	(Title of person signing)	