P210000744448

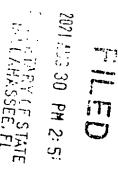
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600372045386

08/30/21-01041--018 **85.00



COVER LETTER

TO: Amendment Section Division of Corporation			,		
NAME OF CORPOR	RATION: HEALT	MINDS,	HARMONY		
DOCUMENT NUMB	DOCUMENT NUMBER: P21000074448				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	MAGELT	ERNADEZ			
	HEAR	Name of Contact Person	HARMONY		
	Firm/ Company				
	926 NW	43 AVE			
	Miami FL 33125				
	City/ State and Zip Cog-				
	mabelula 24 (a) g mail. com				
	€-mail address: (to be us	sed for future annual report	notification)		
For further information concerning this matter, please call:					
\mathcal{M}_{A}	h I	· · · · · ·	- 11/1/2 21/2		
11/140	JEC .		,4900453		
Name o	of Contact Person	Area Coo	ic & 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)		
	ling Address		Address		
	andment Section sion of Corporations		ment Section n of Corporations		
	Box 6327		entre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept. of State
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	·
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered." "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	707 MIS 30 PH 2: 5
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent 1/ABE (976 NW (Florida stre	23AVE, MiAMITE 33125-
New Registered Office Address:	. Florida Ciny) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w Signature of New Registered Signature of New Registered Agent:	th and accept the obligations of the position. Stated 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 Doe				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	Name	<i>a</i> –	<u>Addres</u> s		
1) Change	PT	MAI	BEL TERNA	WSEZ 926	NW 23	AVE
Add Remove	,		_	MiAN. 33	·	<u>-</u>
2) Change			4-11-		······································	_
Add					-11-11-2	
Remove 3) Remove				<u>-</u>		- -
Add						_
Remove						_
4) Change						_
Add						
Remove					_	_
5) Change			_			_
Add						_
Remove						_
6)Change		<u> </u>				_
Add						_
Remove						

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

If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares.	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate NA_Y		
	-	
·		
		
. .		

.

The date of each amendment(s) a date this document was signed.	loption:	, if other than the
· ·		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	e date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requir partment of State's records.	rements, this 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 s	hareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	pted by the shareholders. The number of votes cast for t fficient for approval.	he amendment(s)
	proved by the shareholders through voting groups. The fa- each voting group entitled to vote separately on the ame	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
pi		
	(voting group)	
Dated	3/26/21	
Signature(By a d	rector, president or other officer – if directors or officers	have not been
selecte	i. are are properties and it is the hands of a receiver, truste	ee. or other court
appoin	ed using any by that fiduciary)	
		ANSEZ
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	_

• • •