

P22000 51524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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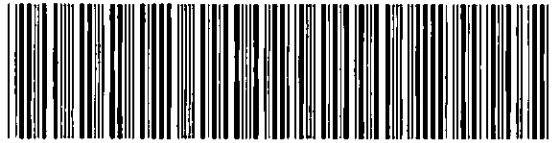
(Business Entity Name)

(Document Number)

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09/16/24--01021--019 **35.00

FILED
2024 SEP 20 PM 12:33
ST. LOUIS, MO
U.S. DISTRICT COURT
EASTERN DISTRICT OF MISSOURI
CLERK OF COURT
JENNIFER L. HARRIS
100 N. 3RD ST., 10TH FLOOR
ST. LOUIS, MO 63102
(314) 426-6000
www.eudm.usdcourt.gov

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ALTERNATIVE & HOLISTIC HEALTH CENTER INC

DOCUMENT NUMBER: P22000051524

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

Please return all correspondence concerning this matter to the following:

SILVIA M PIRES BETANCOURT

Name of Contact Person

Firm/ Company

6004 LEMON TREE CT

Address

TAMPA FL 33625

City/ State and Zip Code

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

For further information concerning this matter, please call:

SILVIA BETANCOURT

Name of Contact Person

at (813)

6298094

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2024

SILVIA M PIRES BETANCOURT
6004 LEMON TREE CT
TAMPA, FL 33625

SUBJECT: ALTERNATIVE & HOLISTIC HEALTH CENTER INC
Ref. Number: P22000051524

We have received your document for ALTERNATIVE & HOLISTIC HEALTH CENTER INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

PLEASE ONLY CHECK ONE BOX.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Rebekah Lefeavers
Regulatory Specialist III

RECEIVED

SEP 20 2024

Letter Number: 424A00018817

Articles of Amendment
to
Articles of Incorporation
of

ALTERNATIVE & HOLISTIC HEALTH CENTER INC

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

P22000051524

(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 corporation:

ALTERNATIVE HEALING HEALTH & WELLNESS CENTER INC

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "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**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street 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 with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

	Change	Add	Remove
1)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
2)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
3)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
4)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
5)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
6)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

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

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

N/A

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)

N/A

09/11/2024

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 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 incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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)

09/11/2024
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)

Silvia M Pires Betencourt.

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)