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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MINDMEND CO	UNSELING, INC.	
DOCUMENT NUM	BER: P23000009561		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	GREG K GONZALEZ		
		Name of Contact Person	n
	GREG K GONZALEZ CPA	PA	
		Firm/ Company	
	7900 OAK LANE SUITE 40	• •	
		Address	
	MIAMI LAES, FL 33016		
		City/ State and Zip Cod	e
	GREG@GGCPACO.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatic	on concerning this matter, pleas	se call:at (342-3760
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 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		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

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2023 HAR -6 PM	.7

MINDMEND COUNSELING, INC.

(Noma of C	orporation as currently filed with the Florida Dept. of State)
trancor Co	
23000009561	The Allient Of Give
1966000055	- 1985. F. J.
	(Document Number of Corporation (if known)
resuant to the provisions of section 607.1006 Articles of Incorporation:	6, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(
. If amending name, enter the new name	of the corporation:
IINDMEND WELLNESS, INC.	The new
	word "corporation," "company," or "incorporated" or the abbreviation "Corp.," ""Inc," or "Co". A professional corporation name must contain the word
Enter new principal office address, if ap	pplicable:
rincipal office address <u>MUST BE A STRE</u>	EET ADDRESS)
Enter new mailing address, if applicab	la.
	QC,
(Mailing address MAY BE A POST OFF	
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)
(Mailing address <u>MAY BE A POST OF</u>	r registered office address in Florida, enter the name of the
(Mailing address MAY BE A POST OF A If amending the registered agent and/or new registered agent and/or the new re	r registered office address in Florida, enter the name of the
(Mailing address MAY BE A POST OFF	r registered office address in Florida, enter the name of the
(Mailing address MAY BE A POST OF A If amending the registered agent and/or new registered agent and/or the new re	r registered office address in Florida, enter the name of the gistered office address:
(Mailing address MAY BE A POST OF A If amending the registered agent and/or new registered agent and/or the new re	r registered office address in Florida, enter the name of the
(Mailing address MAY BE A POST OF A If amending the registered agent and/or new registered agent and/or the new re	r registered office address in Florida, enter the name of the gistered office address:

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			-
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change Add	-		
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
an amendment provides for an exchi	lange, reclassification, or cancellation of issued shares,
<u>rovisions for implementing</u> the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
-	

	s) adoption:	, if other than the
date this document was signed. Effective date if applicable:	02/24/23	
snective date <u>it applicable</u> .	(no more than 90 days after amendment file a	late)
	is block does not meet the applicable statutory filing requirer. Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sha	areholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the e sufficient for approval.	e amendment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amend	
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(wang group)	
02/24/2 Dated		
Dated		
Signature 🖊	Clemny	
(By	a director, president or other officer - if directors or officers had	
	ected, by an incorporator – if in the hands of a receiver, trustee, pointed fiduciary by that fiduciary)	or other court
	ELAINE LUGO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	