## P24000017631

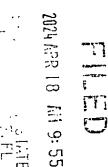
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

	PORATION: MINDFUL HEAL				
	MBER: P24000017631		····		
The enclosed Artic	cles of Amendment and fee are su	bmitted for filing.			
Please return all co	orrespondence concerning this ma	tter to the following:			
	YENISLEIDY ALONSO AL	BELLAR			
		Name of Contact Person	1 .		
	Firm/ Company				
	4150 WESTGATE AVE AP	ľ 411			
	Address				
	WEST PALM BEACH, FL 33409				
		City/ State and Zip Cod	2		
	MHBEHAVIOR1@GMAIL.	СОМ			
	E-mail address: (to be us	sed for future annual report	notification)		
	ation concerning this matter, pleas	se call:	316-5496		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:		
_		Педаления	□\$52.50 Filing Fee		
■ \$35 Filing Fed	Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)		

## Articles of Amendment to Articles of Incorporation of

MINDFUL HEALING BEHAVIOR INC.

FILED

(Name of Corporation P24000017631	as currently filed	with the Florida E	ept.mf-State),	10
P24000017631			EOL3 HI K	18 KH 9:55
(Documen	nt Number of Corpo	ration (if known)	T.	~ ĪģīE
Pursuant to the provisions of section 607,1006, Florida S ts Articles of Incorporation:	Statutes, this <i>Florida</i>	Profit Corporation		1. (
a. If amending name, enter the new name of the corp	poration:			
				The new
ame must be distinguishable and contain the word "corp Inc" or Co" or the designation "Corp," "Inc," of chartered," "professional association," or the abbrevi	or "Co". A profes			
<ol> <li>Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u></li> </ol>	<u></u>		<del></del>	
		<del> </del>		
Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	<i>'</i>			
N 16		Clarita a sa calca		
<ul> <li>If amending the registered agent and/or registered new registered agent and/or the new registered of</li> </ul>		riorida, enter the	name of the	
Name of New Registered Agent				
Name of New Registered Agent				
	(Florida street addr	arel		
	Thirtian Street addition	4007		
New Registered Office Address:	(City)	<del></del>	, Florida	(Zip Code)
	(City)			(Elp Code)
lew Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I d		l accept the obligat	tions of the pos	ition.
Signate	ure of New Registere	d Avent if chancis	10	_ <del></del>
Signal	og men regimere	arrent, y change	·o	
hack 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)

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 Doc	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Р	YENISLEIDY ALONSO ALBELLA	2826 BROADWAY
X Add			SUITE 201
Remove			RIVIERA BEACH, FL 33404
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	or adding additional sheets, if nec	essary). (Be s	pecific)				
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lf an amand	lment provides fo	r un archanga	raclussification	or concellation	of icenad chara		
provisions	for implementing	the amendmer	it if not contain	ed in the amend	lment itself:	24	
(if not a	applicable, indicat	e N/A)			<del></del>		
		<del> </del>					
						<del></del>	
	<u> </u>						
				<del></del> .			-

	idoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, repartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were accuration was not required.	opted by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amenufficient for approval.	dment(s)
	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendment(s	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	,~	
·	(voting group)	
03.29.202 Dated Signature	Lewin	
selecto	lirector, president or other officer — if directors or officers have no ed, by an incorporator — if in the hands of a receiver, trustee, or oth otted fiduciary by that fiduciary)	
	YENISLEIDY ALONSO ALBELLAR	
	(Typed or printed name of person signing)	···
	PRESIDENT	
	(Title of person signing)	<del></del>