98000001354

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	-0.
·	

Office Use Only



300298676343

05/03/17--01004--010 **35.00

MAY 0 5 2017 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MARYS HEALT!	H HUT INC	
DOCUMENT NUMI	P98000013541		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	GLORIA KURUSIS		
		Name of Contact Pers	on
	MARYS HEALTH HUT IN	C	
		Firm/ Company	
	951 OLD DIXIE HWY STE	A3	
		Address	
	VERO BEACH, FL 32960		
		City/ State and Zip Co	de
tamm	y@altaxfl.com		
	E-mail address: (to be us	sed for future annual repor	t notification)
For further information	n concerning this matter, pleas	se call:	
TAMMY HARRIS /	A1 TAX SERVICE INC	at (257-6346
Name o	of Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	partment 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		Amen Divisi Clifto	t Address Idment Section Idment Section Idment Section Identify Identif

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MARYS HEALTH HUT INC	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P98000013541	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
GLORIA'S HEALTH HUT INC	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
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)	SECRE TARY OF TALL AWASSEE
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent	s in Florida, enter the name of the
(Florida street	address)
New Registered Office Address:	(ty) (Zip Code)
·	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.

Signature of New Registered Agent, if changing

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 De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_	-	
Add				
Remove				
2) Change		_		
Add		-		
Remove				
3) Change				
Add		_		
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		-		
Remove				
Kemove				
6) Change		_		
Add				
Remove				

ttach <i>additional she</i>	ets, if necessary).	(Be specific)				
						
		<u>.</u>				
		-4				<u></u>
	- · · · · · · · · · · · · · · · · · · ·					
						-
						
an amendment pro	ovides for an excl	iange, reclassific	cation, or cancells	ation of issued	shares,	
rovisions for impl	ementing the ame	ndment if not co	ontained in the an	nendment itself	<u>i:</u>	
(if not applicabl	le, indicate N/A)					
. nan=-						_
						_
						_
						_
						_
		<u>.</u>				

•	04-26-17	
The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will repartment of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	opted by the board of directors without shareholder action and shareholder	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
APRIL 26 Dated	, 2017	
Signature	leria Kuruses	_
selecto	lirector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)	
	GLORIA KURUSIS	
	(Typed or printed name of person signing)	*
	PRESIDENT	
	(Title of person signing)	