



BA20242058620



STATE OF CALIFORNIA
Office of the Secretary of State
CERTIFICATE OF AMENDMENT
CA CORPORATION
 California Secretary of State
 1500 11th Street
 Sacramento, California 95814
 (916) 657-5448

For Office Use Only

-FILED-

File No.: BA20242058620

Date Filed: 11/21/2024

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| Corporation Details | |
| Corporation Name | NESHAMA HEALING THERAPY |
| Entity No. | 6459999 |

Amendment Details

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|---|-----------------------------|
| Article CORPORATION NAME of the Articles of Incorporation is amended to read: | |
| Corporation Name | NESHAMA HEALING THERAPY INC |

Approval Statements

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| Approval Statements |
| 1) The Board of Directors has approved the amendment of the Articles of Incorporation. 2) Share approval was by the required vote of shareholders in accordance with California Corporations Code section 902. The total number of outstanding shares of the corporation entitled to vote is 100. The number of shares voting in favor of the amendment equaled or exceeded the vote required. The percentage vote required was more than 50%. |

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|---|--|----------------------|-------------------|------------------------|----------------------------|---------------|
| Signatures | | | | | | |
| <input checked="" type="checkbox"/> We declare under penalty of perjury under the laws of the State of California that the matters set forth herein are true and correct of our own knowledge. | | | | | | |
| <table> <tr> <td><i>President/Chief Executive Officer, Secretary, Chief Financial Officer</i></td> <td><i>ADY BENYISHAY</i></td> <td><i>11/21/2024</i></td> </tr> <tr> <td>_____ Officer Title</td> <td>_____ Officer Signature</td> <td>_____ Date</td> </tr> </table> | <i>President/Chief Executive Officer, Secretary, Chief Financial Officer</i> | <i>ADY BENYISHAY</i> | <i>11/21/2024</i> | _____ Officer Title | _____ Officer Signature | _____ Date |
| <i>President/Chief Executive Officer, Secretary, Chief Financial Officer</i> | <i>ADY BENYISHAY</i> | <i>11/21/2024</i> | | | | |
| _____ Officer Title | _____ Officer Signature | _____ Date | | | | |