## 10000018653

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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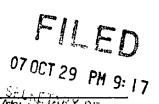
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SCURETARY OF STATE
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section
\*Division of Corporations

NAME OF CORPORATION: Tropical Fe	eline Rescue Inc.
DOCUMENT NUMBER: N0600001265	3
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
Linda Kloran	
(Name of	Contact Person)
Tropical Feline Rescue Inc.	
(Firm	/ Company)
12056 Shadow Ridge Blvd	
(4	Address)
Hudson FL 34669	
(City/ State) For further information concerning this matter	te and Zip Code) r, please call:
Linda Kloran	at ( 717 ) 926-1421
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation** of



Tropical Feline Rescue Inc.

Name of corporation as currently filed with the Florida Dept. OF STATE FLORIDA

N06000012653	
Document	number of corneration (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

## **NEW CORPORATE NAME (if changing):**

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may <u>not</u> be used in the name of a not for profit corporation)
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
Registered Agent Name & Address
Linda Kloran
12056 Shadow Ridge Blvd
Hudson FL 34669
Officer/Director Detail
Adding
Patricia Blanco
5825 W 25 Ct #207
Hialeah, FL 33016
Title: Member

(Attach additional pages if necessary) (continued)

The date of adoption of the a	amendment(s) was: October 21, 2007
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	was (were) adopted by the members and the number of votes cast was sufficient for approval.
	pers or members entitled to vote on the amendment. The (were) adopted by the board of directors.
have not been s	n or vice chairman of the board, president or other officer- if directors elected, by an incorporator- if in the hands of a receiver, trustee, or binted fiduciary, by that fiduciary.)
Linda Klora	n
(7	yped or printed name of person signing)
President	
	(Title of person signing)

FILING FEE: \$35