N 09000008611

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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Anard COULLIETTE

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EXAMINER

COVER LETTER

.TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: 1 Lucky Dog F	Rescue, Inc.	
DOCUMENT NUM	BER: <u>N09000008611</u>		<u> </u>
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
		lle Rodriguez Contact Person)	· · · · · · · · · · · · · · · · · · ·
		log Rescue, Inc.	
	(Fift	n/ Company)	
		est 9th Court	
	(4	Address)	
<u></u>	Hialea	h, FL 33010	
	(City/ Sta	te and Zip Code)	
	Rodrigue E-mail address: (to be use	zM13@aol.com d for future annual report notifi	cation)
For further information	on concerning this matter, pleas	e call:	
Michelle Rodrigue	of Contact Person)	at (786) 499-12	78 ime Telephone Number)
•	,	payable to the Florida Departme	•
		,	
□\$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)
	ing Address adment Section	Street Address Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporat Clifton Building	ions
	hassee, FL 32314	2661 Executive Cent Tallahassee, FL 3230	

Articles of Amendment to Articles of Incorporation of

1 Lucky Dog Rescu				
(Name of Corporation as currently filed with	the Florida Dept. of St	<u>ate</u>)		
N090000861	<u></u>			
(Document Number of Corporation (if known)				
Pursuant to the provisions of section 617.1006, Florida Statute the following amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For F</i>	Profit Corporation adopts		
A. If amending name, enter the new name of the corporat	ion:			
N/A				
The new name must be distinguishable and contain the wor abbreviation "Corp." or "Inc." "Company" or "Co." may n		corporated" or the		
B. Enter new principal office address, if applicable:	N/A	2		
(Principal office address <u>MUST BE A STREET ADDRESS</u>		SEU NSIO		
C. Enter new mailing address, if applicable:		2 22 22 22 22 22 22 22 22 22 22 22 22 2		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	2474 West 9th Cou	11 75 75		
	Hialeah, FL 33010	53 TION:		
D. If amending the registered agent and/or registered office	ce address in Florida, en	ter the name of the		
new registered agent and/or the new registered office a	<u>ddress:</u>			
Name of New Registered Agent:	N/A			
New Registered Office Address: (Flo	orida street address)	~		
		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered	Δ aont∙			
I hereby accept the appointment as registered agent. I an position.		ept the obligations of the		
·	NIA			
Signature of Ne	w Registered Agent, if ch	anging		

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: (Atiach additional sheets, if necessary)

<u>Title</u>	Name	Address	Type of Action
N/A	N/A	N/A	☐ Add ☐ Remove
N/A	N/A	N/A	Add Remove
N/A	N/A	N/A	Add Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Article III: The organization was organized to help homeless, abandoned, neglected or abused pets that are found on the streets or surrenderd by their owners due to economic hardship and/or foreclosure. We are an All Breed/No-Kill Rescue that takes in some of the most severe cases of extreme neglect from our local shelter. Once they are in our care, we get them all veterinary care, medications, vaccines, sterilization (spay/neuter), and microchips. Once they have been medically cleared by the vet, we post them up for adoption on our web-site and other adoption networking sites. Until then, they remain in our care or with foster families until they find their forever homes. If for any reason we cannot find a home for them, they will remain here, stay in foster care, be sent to another rescue organization that may be breed specific or sent to an animal sanctuary. No animals are euthanized for space. We will only euthanize if medically necessary upon the vets recommendation.

If for any reason this organization dissolves, all monies will be given to any rescue/sanctuary that has taken any dogs from us that we may have left at the time of dissolution. We will ensure that all monies will be given to 501c3 organizations for the use of maintaining the health and care of the dogs we have entrusted in their care.

The date of each amendment(s) adoption: August 1, 2010	
	(date of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated <u>Aug</u> Signature _	ust 29, 2010
	the chairman or vice chairman of the board president or other officer-if directors
has	we not been selected, by an incorporator – if in the hands of a receiver, trustee, o
	er court appointed fiduciary by that fiduciary)
	Michelle Rodriguez
	(Typed or printed name of person signing)
	Director/Secretary
	(Title of person signing)