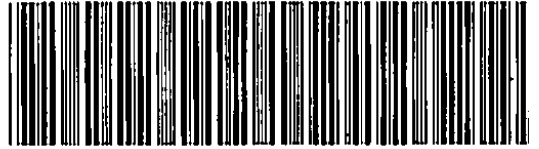


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status

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AUG 11 2020
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Swamp Haven Rescue, LLC

DOCUMENT NUMBER: N1000000802

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chelsea Fisher
(Name of Contact Person)

(Firm/ Company)

41 South Twin Maple Road
(Address)

St. Augustine, FL 32084
(City/ State and Zip Code)

adopthappiness@swamphaven.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chelsea Fisher at 386-569-2787
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2020

CHELSEA FISHER
41 SOUTH TWIN MAPLE RD
ST. AUGUSTINE, FL 32084

SUBJECT: SWAMP HAVEN RESCUE, INC.
Ref. Number: N15000000802

We have received your document for SWAMP HAVEN RESCUE, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 020A00014442

Articles of Amendment
to
Articles of Incorporation
of

SWAMP HAVEN RESCUE, INC.

2020: 11 PM 1:51

(Name of Corporation as currently filed with the Florida Dept. of State)

N1500000802

(Document Number of Corporation (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:

A. If amending name, enter the new name of the corporation:

_____ *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name*

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS) 41 South Twin Maple Rd
St. Augustine, FL 32084

C. Enter new mailing address, if applicable:

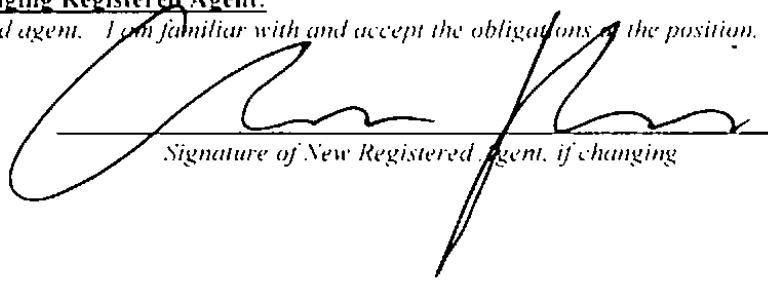
(Mailing address MAY BE A POST OFFICE BOX) 99 King Street #409E
St. Augustine, FL 32085

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Chelsea Fisher
41 South Twin Maple Rd, St. Augusti
(Florida street address)
New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with 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 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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. If 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 Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>P</u>	<u>Lindsey Kelley</u>	<u>5349 Cypress Link</u> <u>Elkton, FL 32033</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>S</u>	<u>Alyssa Kelley</u>	<u>125 Daytona Blvd</u> <u>St. Augustine, FL 32080</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>T</u>	<u>Hannah Shearer</u>	<u>5290 Dabir Popple</u> <u>St. Augustine, FL 32080</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>P</u>	<u>Tori Christensen</u>	<u>450 Casuarina Cuv</u> <u>St. Augustine, FL 32080</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>S</u>	<u>Chelsea Fisher</u>	<u>441 South Twin Maple</u> <u>St. Augustine, FL 32080</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>T</u>	<u>Max</u> <u>Mark Welch</u>	<u>450 Casuarina Cuv</u> <u>St. Augustine, FL 32080</u>
<input type="checkbox"/> Remove			

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

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

- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 8/5/20

Signature 

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Chelsea Fisher
(Typed or printed name of person signing)

Secretary
(Title of person signing)