N17000009971

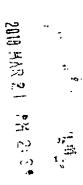
| (Requestor's | Name) |
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| (Business E | ntity Name) |
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COVER LETTER

TO: Amendment Section Division of Corporations

| | | | | | : | | · (12) |
|---------------------------------------|--|---|----------|----------------------|--|-----------|--------|
| Endless Pawsibilities Animal Rescue | | | | 2018 MAR 21 FH 2: No | | | |
| NAME OF CORFORATION | • | | | | रकाम सम्बद्ध | 1 11 2 | रिक्षक |
| DOCUMENT NUMBER: | 7000009971 | | | | | | |
| The enclosed Articles of Amen | dment and fee are subm | nitted for filing. | | | | | |
| Please return all correspondence | e concerning this matter | to the following | : | | | | |
| Miriam Atehortua | | | | | | | |
| | | (Name of Contact | Person |) | | | |
| Endless Pawsibilities Animal F | Rescue, Inc. | | | | | | |
| | | (Firm/ Comp | any) | | | | , |
| 4817 Berrywood Drive | | | | | | | |
| | | (Address) |) | | | | |
| Orlando, FL 32812 | | | | | | | |
| | | City/ State and Z | ip Code |) | | | |
| miriam@endlesspaws.org | | | | | | | |
| E-m | ail address: (to be used | for future annual | report n | otification | | | |
| For further information concern | ning this matter, please o | call: | | | | | |
| Miriam Atchortau | | | 407 | | 4883323 | | |
| (N | ame of Contact Person) | | | | (Daytime Tele | ephone Nu | mber) |
| Enclosed is a check for the following | owing amount made pay | able to the Florid | la Depai | tment of S | State: | | |
| ■ \$35 Filing Fee | 343.75 Filing Fee & I Certificate of Status | □\$43.75 Filing F Certified Copy (Additional cop enclosed) | | - Certifi Certifi | cate of Status ed Copy ional Copy is | | |
| Mailing Address | | | | Address | | | |
| Mailing Address Amendment Section | | | | | | | |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

| Endless Pawsibilities Animal Resenue, Inc. | | 2018 MAR 21 14 2-12 |
|--|-----------------------------------|---|
| (Name of Corporation as cu | rrently filed with the Fl | orida Dept. of State) |
| N17000009971 | | |
| (Document N | umber of Corporation (if | known) |
| Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation: | atutes, this <i>Florida Not I</i> | For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corpo | oration: | |
| | | The new |
| name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name. | ooration" or "incorporat | ed" or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: | | |
| Principal office address <u>MUST BE A STREET ADDRE</u> | E <u>SS</u>) | |
| | | |
| | | |
| C. Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | <u> </u> | |
| | | |
| | | |
| | | |
| D. If amending the registered agent and/or registered | office address in Florid | a, enter the name of the |
| new registered agent and/or the new registered offi | | |
| Name of New Registered Agent: | | |
| | - | |
| | | Florida street address) |
| New Registered Office Address: | | |
| | | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registe | ered Agent: | |
| hereby accept the appointment as registered agent. Lan | | ot the obligations of the position. |
| | · | |
| | | |
| | Signature of New Rea | istored 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 X Remove X Add | <u>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | |
|----------------------------------|------------------------------|---------------------------------------|----------------------------|
| Type of Action (Check One) | Title | <u>Name</u> | Address |
| 1) Change | SVP | Carolyn DiChiara | 1440 12th Street |
| Add | | | Cleremont, FL 34711 |
| X Remove | | | |
| 2) Change | SVP | Tanya Edwards | 1991 S. Crystal Lake Drive |
| Add | | | Orlando, FL 32806 |
| X Remove | | | |
| 3) Change | PTD | Lillie Falco | 4817 Berrywood Drive |
| X Add | | | Orlando, FL 32812 |
| Remove | | | |
| 4) X Change | PTD | Miriam Atchortua | 4817 Berrywood Drive |
| Add | | | Orlando, FL 32812 |
| Remove | | | <u>.</u> |
| 5) X Change | VP | Luz M. Solis-Roman | 4817 Berrywood Drive |
| Add | | | Orlando, FL 32812 |
| Remove | | | |
| 6) Change | C | Erik A. Rodriguez | 4817 Berrywood Drive |
| X Add | | | Orlando, FL 32812 |
| Remove | | | |

| (attach additional s | lding additional Artic heets, if necessary). | (Be specific) | e(s) nere. | | | | |
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| The date of each amendment(s) adoption: | , if other than the |
|--|---------------------|
| 02/01/2018 Effective date if applicable: | _ |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records. | be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. | |
| 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 O2/01/2018 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) | _ |
| Miriam Atchortua | |
| (Typed or printed name of person signing) | |
| President. Treasurer, Director | |
| (Title of person signing) | |