## P17000072617

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone	· #)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Division of C		2020 / 11 27 21 (2) 1 (2)
NAME OF COR	PORATION: RAW K9 INC	·
	UMBER: P17000072617	
	icles of Amendment and fee are submitted for filing.	
Please return all c	correspondence concerning this matter to the following:	
	Kelly Romero	
	Name of Contact Person	
	Raw K9 Inc	
	Firm/ Company	
	PO BOX 786	
	Address	
	Jasper, FL 32052	
	City/ State and Zip Code	
	kelly@rawk9.com	
	E-mail address: (to be used for future annual report notification)	
For further inform	nation concerning this matter, please call:	
Kelly Romero	844 7295999	
N	ame of Contact Person Area Code & Daytime Telep	phone Number

Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee ☐\$43.75 Filling Fee & **□\$43.75** Filing Fee & **□\$52.50** Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (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

## Articles of Amendment to Articles of Incorporation of

RAW K9 INC				
(Name	of Corporation as currently	filed with the Florida	Dept. of State)	
P17000072617				
	(Document Number of	Corporation (if known)	, .	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporatio	on adopts the following	amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
				The Span St.
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain "chartered." "professional association."	Corp," "Inc," or "Co". A or the abbreviation "P.A."			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		<u>.</u>		
			·	8. 2
				<u>~</u> ∙o
C. Enter new mailing address, if appl (Mailing address MAY BE A POST				<u>.                                    </u>
			<del></del>	
D. If amending the registered agent ar		ess in Florida, enter the	name of the	
new registered agent and/or the new	KELLY ROMERO			
Name of New Registered Agent				
	105 Martin Luther King Dri			
	(Florida stree	et address)	20050	
New Registered Office Address:	JASPER	24r	Florida	
	10	City)	(Zip Co	ode1
New Registered Agent's Signature, if o				
I hereby accept the appointment as regist	tered agent. I am familiar w	ith and accept the obliga	itions of the position.	
Ya				

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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.

X Change	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>v</u> <u>N</u>	fike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PS	Raymond Fajardo	PO BOX 786
Add			Jasper, FL 32052
X Remove			
2) Change	PS	Kelly Romero	PO BOX 786
XAdd			Jasper, FL 32052
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>	<del></del>	
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti	cles, enter change(s) here	:	
(Attach additional sheets, if necessary).	(Be specific)		
			-
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If an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or o	cancellation of issued share n the amendment itself:	<u>s.</u>
(if not applicable, indicate N/A)			

JANUARY IST 2020	
· · · · · · · · · · · · · · · · · · ·	, if other than the
date this document was signed.	
moneyati. Alaa Mara-Marakka	
Effective date if applicable:  (no more than 90 days after amendment file date)	<del></del>
(no more than 50 days after amenanen file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	of be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder was not required.	areholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Signature  (By a diffeto president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Kelly Romero (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President & Secretary	
(Title of person signing)	