758574

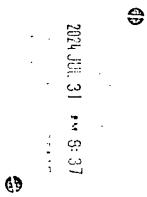
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	Furry Friends Human	nc '			
DOCUMENT NUMBER: _	758574				
The enclosed Articles of Ame	endment and fee are sub	nitted for filing.			
Please return all corresponde	nce concerning this matte	er to the following:			
Jess Grand					
	· · · · · · · · · · · · · · · · · · ·	(Name of Contact Pe	rson)		
Furry Friends Humane					
		(Firm/ Company	<i>;</i>)		
100 Capital Street					
	• •	(Address)	<u> </u>		
Jupiter, FL 33458					
		(City/ State and Zip	Code)		
jgrand@furryfriendsadoptio	n.org				
E	-mail address: (to be use	for future annual re	port notific	ation)	
For further information cond	erning this matter, please	call:			
Ellen D'Arcangelo		at	561	262-82	265
	(Name of Contact Person			de) (Daytir	me Telephone Number)
Enclosed is a check for the f	following amount made p	ayable to the Florida	Departme	nt of State:	
s \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	is (52.50 Filing I Certificate of S Certified Copy Additional Co Enclosed)	Status /
Mailing Address		Street Address			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite \$10
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Furry Friends Humane		
(Document N	Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Simendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the follow	wing
A. If amending name, enter the new name of the cor	porațion:	
	The	
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or the abbreviation "Corp." or "In	ıc. ''
3. Enter new principal office address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	4 1	
(Mailing dadress MAT BE A FOST OFFICE BOX	<u> </u>	
	20	
	E ¹	
D. If amending the registered agent and/or registere	ed office address in Florida, enter the name of the office address:	
new registered agent and/or the new registered o	office address:	
A	<u>-</u>	
Name of New Registered Agent:	حر.	_
	(Florida street address)	
New Registered Office Address:	1 🖼	
	, F R Eda	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Regi	Istered Agent:	
I hereby accept the appointment as registered agent.	l 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, 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change X_Remove X_Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
i) Change Add	CEO	Jason Gluck	Jupiter, FL 33458
Remove			
2) Change Add	***		
Remove 3)			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional sh	ling additional Ai eets, if necessary).	rticles, enter change(s) here: (Be specific)	
	· · · · · · · · · · · · · · · · · · ·		
			

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<u> </u>		
		<u>,</u>
		•
		<u> </u>
The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable: 7/19/	2024	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as was/were sufficient for approve	opted by the members and the number of votes east for the	ne amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
7/19/2024 Dated
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)
Steve Macht
(Typed or printed name of person signing)
Chairman
(Title of person signing)

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TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	Furry Friends Human	nc '				
DOCUMENT NUMBER:	758574					
The enclosed Articles of Am	endment and fee are sub	mitted for filing.				
Please return all corresponde	nce concerning this matter	er to the following:				
Jess Grand						
		(Name of Contact F	erson)			
Furry Friends Humane						
		(Firm/ Compar	ıy)			
100 Capital Street						
		(Address)	*30*		 	
Jupiter, FL 33458						
		(City/ State and Zip	Code)	— —		
jgrand@furryfriendsadoptio	n.org					
E	-mail address: (to be use	d for future annual r	port notif	fication)	
For further information cond	erming this matter, please	call:				
Ellen D'Arcangelo		·	56 l		262-8265	
	(Name of Contact Person		(Area C	Code)	(Daytime Telephone Number)	
Enclosed is a check for the f	following amount made p	ayable to the Florida	a Departm	ent of	State:	
ı \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status			Certifi Certifi	Difiling Fee cate of Status ed Copy isonal Copy is sed)	

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