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COVER LETTER

TO: Amendment Section Division of Corporations SOS 4 PAWS, INC. NAME OF CORPORATION: N01000005324 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SUELY AUERBACH (Name of Contact Person) SOS 4 PAWS, INC. (Firm/ Company) 2206 HOLLYWOOD BLVD (Address) **HOLLYWOOD FL 33020** (City/ State and Zip Code) SUELY@AATTOURS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 921-3838 SUELY AUERBACH (Daytime Telephone Number) (Name of Contact Person) (Area Code) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SOS 4 PAWS, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N01000005324 (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: UNITED PAWS OF SOUTH FLORIDA, INC. 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 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE 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: (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, 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>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	RALUCA NEGU	3800 HILLCREST DRIVE,
X Add			APT 801
Remove			HOLLYWOOD FL 33021
2) Change	V	PATSY MORENO	11643 SW 116TH AVE
X Add	-		PEMBROKE PINES FL 33025
Remove 3) X Change	D	MARIA CURRERI-ROTHEN	120 WILD PINE RD
Add			WELLINGTON FL 33414
Remove			
4) X Change	S	SUELY AUERBACH	2206 HOLLYWOOD BLVD
Add			HOLLYWOOD FL 33020
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach additional sheets, if necessary).	ticles, enter change(s) here (Be specific)		
NA			
· · · · · · · · · · · · · · · · · · ·			,

	e date of each amendment(s) adoption:	, if other than the
date	e this document was signed.	
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will rement's effective date on the Department of State's records.	not be listed as the
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
	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 SEPTEMBER 10, 2015	
	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)	······
	SUELY AUERBACH	
	. (Typed or printed name of person signing)	·
	PRESIDENT	
	(Title of person signing)	