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(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporation	s			,
NAME OF CORPORATIO	Boston Terrier Resuc	: of Florida		
DOCUMENT NUMBER: _	N02000000057			
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:		
Mary Ellen Dehlinger				
		(Name of Contact F	erson)	
Boston Terrier Rescue of Flo	orida			
		(Firm/ Compan	y)	
200 N Park Ave				
		(Address)		
Sanford, Fl 32771				
		(City/ State and Zip	Code)	
mdehlinger@bostonrescuetle	orida.org			
E-	mail address: (to be used	For future annual re	port notificatio	n)
For further information conce	erning this matter, please	call:		
Mary Ellen Dehlinger		а	407	314-2615
(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the fo		ayable to the Florida	Department of	State:
☐ S35 Filing Fee	/	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certit is Certif	0 Filing Fee leate of Status led Copy tional Copy is osed)
Mailing A			reet Address	,
Amendmer Division of	it Section Corporations		mendment Sect ivision of Corp	
P.O. Box 6	-		he Centre of T	
	s. FL 32314			e Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

BOSTON TERRIER RESCUE OF FLORIDA, INC.

2022 JAN 31 PM 4: 06

(Name of Corporation as currently filed with the Florid	a Dept. of State)	SECRETARY OF STATE
N02000000057		TALLAHASSEE, FL
(Document Nur	nber of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida Statamendment(s) to its Articles of Incorporation:	tutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRE:	<u>55</u>)	
		
		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered of	office address in Florida,	enter the name of the
new registered agent and/or the new registered office		
Name of New Registered Agent:		
<u></u>		
	(F)	orida street address)
New Registered Office Address:		
		Florida
-	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	r ed Agent: Ffamiliar with and accept	the obligations of the position.
. The term decept in approximent in regime to a getting to a	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• •
	Signature of New Regist	cred 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	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) <u>X</u> Change Add	ST	Mary Ellen Dehlinger	187 F. Goodheart Ave Lake Mary Fl 32746
Remove 2) Change Add		Stephanie House	200 N Park Ave Sanford, Fl 32771
Remove 3) Change Add Remove		Sara King	200 N Park AVe Sanford Fl 32771
4) Change Add	D	Betty Casey	31 Sycamore Cir Homassasa Fl 34446
Remove 5) Change Add	D	Sue Burger	219 Fairway Dr Ormond Beach Fl 32176
Remove 6) Change Add			
		onal Articles, enter change(s) here: essary). (Be specific)	

•	
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The date of each amendment(s) adoption: January 22, 2022	, if other than the
date this document was signed.	, nomer man the
Effective date if applicable:	
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 requiremen	ts, this date will not be listed as the

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(5)

(CHECK ONE)



The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

Dated	January 22,2022
Signatu	ro Mary Ellon Dehleron
	(By the chairman or vice chairman of the board, president of 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)
	Mary Ellen Dehlinger
	(Typed or printed name of person signing)