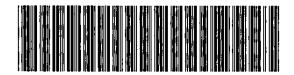
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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: FLA FO	UR LEGGED ADVOCATES, INC
DOCUMENT NUMBER: N-04-000-	
The enclosed Articles of Amendment and fee are sub-	inited to thing.
Please return all correspondence concerning this matter	er to the following:
Kimberly	Lockhart (Name of Contact Person)
PLA FOUR	LEGGED ADVOCATES, INC (Firm/ Company)
826 15	
	(Address)  , FL 33880  (City/ State and Zip Code)
	(City/ State and Zip Code)
E-mail address: (to be used	ockhart on line. Com
For further information concerning this matter, please	call:
Kim Lockhart	at ( 863 ) 293 - 1234 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Cornorations

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 (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: 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 BOX) 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:

New Registered Agent's Signature, if changing Registered Agent:

NA

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

IIIIIIIISignature of New Registered Agent, if changing

(Zip Code)

## N-04-000-10403

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 John D V Mike J SV Sally S	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
I) Change			
Add			
Remove			
2) Change			·
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
Kemove			

	amending or adding additional Articles, enter change(s) here: tuch additional sheets, if necessary). (Be specific)
	Amending Article X:
	Current wording of Article X of State of FLA Four Legged Advocates, Inc. Florida Non Profit Dissolution Amendment:
	Dissolution: Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes withing the meaning of section 501(c)3 of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization i then located, exclusively for such purposes or to the organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.
<del>&gt;</del>	Addition language: In the circumstance that we are unable to locate a non profit that will accept the donation of any asset, FLA Four Legged Advocates, Inc. has the option of selling said asset at the total just value and donating the funds from the sale to another nonprofit.

The date of each amendment(s) adoption: October 14, 2013  date this document was signed.  Effective date if applicable: October 14, 2013  (no more than 90 days after amendment file date)	, if other than 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 10-14-13 Signature Kimbuly Sockhart	
(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 (iduciary by that fiduciary)	
Kimberly Lockhart	
(Typed of printed name of person signing)  Pusicle +	
(Title of person signing)	