## N05000003789

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Humane Society of Levy County Inc.
DOCUMENT NUMBER: N05000003789
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michelle Hagan (Name of Contact Person)
HSLC (Firm/Company)
(Firm/ Company)
PO Box 678
(Address)
Bronson FL 32621
(City/ State and Zip Code)
beauchanpepas@ belsouth. net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Heidi Hansen at (352) 493-4808 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certificate of Status    Certified Copy (Additional Copy is enclosed)   Certified Copy (Additional Copy is enclosed
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## Articles of Amendment to

Articles of In			
Humane Society of (Name of Corporation as corrently)	Levy (	Sount la Dept. of State	y, Inc.
N05000003789			
(Document Number of Corpora	ition (if known)		
Pursuant to the provisions of section 617.1006, Florida Statute following amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not F</i>	For Profit Corpo	pration adopts the
A. If amending name, enter the new name of the corporation	on:		
The new name must be distinguishable and contain the word "Corp." or "Inc." "Company" or "Co." may not be used in		corporated" or i	the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
(Trincipal office dualess MOST BLASTREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Ľ,	ASSEE, FLORIDA
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office agent.		a, enter the nan	ne of the
Name of New Registered Agent:			
New Registered Office Address:	Florida street address)		
		, Florida_	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam		t the obligations	of the position.

Page 1 of 4

Signature of New Registered Agent, if changing

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to, be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.) Title(s) If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed: Title(s) <u>Name</u> Title(s) <u>Name</u>

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
	-

The date of each amendment(s)	adoption: 11 30 2011
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) val.
There are no members or men adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were etors.
Dated	130/2011
Signature	teidi X. Hauslu
have not b	dirman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or t appointed fiduciary by that fiduciary)
	Heidi L. Hansen
	(Typed or printed name of person signing)  Vice President
-	(Title of person signing)

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