## N0500003789

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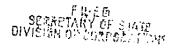
**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	HUMANE SOCIETY	OF LEVY COUNT	ſΥ, INC.	
	N05000003789			
DOCUMENT NUMBER:				
The enclosed Articles of Am	nendment and fee are subm	itted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
ELIZABETH FRIED				
	(	Name of Contact Pe	erson)	
HUMANE SOCIETY OF L	EVY COUNTY, INC.			
		(Firm/ Company	')	
9121 SW 138TH ST	PO BOX 119	2		
		(Address)		
ARCHER, FL 32618				
	(	City/ State and Zip	Code)	··· <u>-</u> -
WIKKETT24@AOL.COM				
Ŀ	-mail address: (to be used	for future annual rep	ort notification	1)
For further information conc	erning this matter, please c	all:		
ELIZABETH FRIED		at	352	486-5705
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida [	Department of	State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & C Certificate of Status	3\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing A	Address	Stı	reet Address	

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 of



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HUMANE SOCIETY OF LEVY COUNTY INC. (Name of Corporation as currently filed with the Florida Dept. of State) N05000003789 (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. 9121 SW 138th St. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: POBJX 1192 9121 SW 138TH ST (Mailing address MAY BE A POST OFFICE BOX) ARCHER, FL 32618 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: **ELIZABETH FRIED** Name of New Registered Agent: 9121 SW 138TH ST (Florida street address) New Registered Office Address: **ARCHER** 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

Page 1 of 4

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 Do V Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	ELIZABETH FRIED	9121 SW 138TH ST
$\frac{x}{x}$ Add	***************************************		ARCHER, FL 32618
Remove			
2) Change	v	KIM LAKE	11651 NE 109TH PL
X Add			ARCHER, FL 32618
Remove			
3) Change	<u>S</u>	JOANN VANASCO	18450 SE 30TH ST
X Add			MORRISTON, FL 32668
Remove			
4) Change	P/D	MICHELLE HAGAN	70 EASY STREET
Add			BRONSON, FL 32621
X Remove			
5) Change	VPD	HEIDI HANSEN	70 EASY STREET
Add			BRONSON, FL 32621
X Remove			
6) Change	S/D	DEBRA LANDSIEDEL	70 EASY STREET
Add			BRONSON, FL 32621
X Remove			
a) V 0	T)	Page 2 of 4 Nicole Hemenway	an Considerat
7) X Remove	<del></del>	more Hernerway	Bronson, FL 32621

attach additional sheets, if necessary	y). (Be specific)			
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	SEPTEMBER 1, 2015	
The date of each amendment(s) as		Fyif other than the
late this document was signed.	•	DIVIE METARY OF STATE
_	TEMBER 1, 2015	DIVISION OF CURE AND THE
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	15 AUG 31 AM 8: 48
Note: If the date inserted in this blod document's effective date on the De	ck does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac was/were sufficient for approve	lopted by the members and the number of votes cast for the anil.	nendment(s)
There are no members or mem adopted by the board of direct	pers entitled to vote on the amendment(s). The amendment(s) ors.	was/were
Dated AUGUST	21, 2015	
	man or vice chairman of the board, president or other officer-	if directors
have not be	en selected, by an incorporator – if in the hands of a receiver, appointed fiduciary by that fiduciary)	
MICHE	LLE HAGAN	
	(Typed or printed name of person signing)	
PRESID	ENT	
	(Title of person signing)	