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Special Instructions to Filing Officer:	S TALLENT NOV 0 2 20:3
∯35,00 Office Use Only	FILED Mend

	<u>COVER LETTER</u>	
TO: Amendment Section Division of Corporations		
World Parrot Trust USA NAME OF CORPORATION:	A. Inc.	
N06000004978 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are submitted	ted for filing.	
Please return all correspondence concerning this matter to	o the following:	
Lauren Schmaltz		
(N	ame of Contact Person)	
World Parrot Trust USA, Inc.		
	(Firm/ Company)	
400 S. Main Street #985		
	(Address)	
Travelers Rest, SC 29690		
(C	ity/ State and Zip Code)	
usa@parrots.org		
E-mail address: (to be used fo	r future annual report notification)	
For further information concerning this matter, please cal	11:	
Lauren Schmalt	864 610-2129 at	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made payal	ble to the Florida Department of State:	
	\$43.75 Filing Fee &\$52.50 Filing FeeCertified CopyCertificate of Status(Additional copy isCertified Copyenclosed)(Additional Copy is Enclosed)	
<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	<u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Articles of Amendment to Articles of Incorporation of

World Parrot Trust USA, Inc.

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(Name of Corporation as currently filed with the Florida Dept. of State)

N06000004978

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(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:	90 S. Main Street			
(Principal office address <u>MUST BE A STREET ADDRESS</u>) Travelers Rest, SC			
	29690			
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE & POST OFFICE BOX</u>)	PO Box 985		18 OC	
	Travelers Rest, SC		25	-
	29690	13 <u>-</u>	AH	ায় ভা
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office			10 a C	
Name of New Registered Agent:				
<u>New Registered Office Address:</u>	(Florida street address)			
	, Florida			

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

(Zip Code)

The new

Page 1 of 4

(City)

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)

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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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add		<u>Doe</u> Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Adminis 5	Glenn Reynolds	304 Grove Lake Dr
Add			Auburndale, FL
X Remove			33823
2) Change	Adminis 5	Lauren Schmaltz	90 E. Scenic Lane
XAdd			Travelers Rest, SC
Remove			29690
3) Change	Trustee	Charles Munn	Tropical Nature, Inc.
Add			Suite 300 1250 24th St NW
X Remove			Washington, DC 20037
4) Change			
Add			
Remove			
5) Change	·		
Add			
Remove			
6) Change	<u> </u>		
Add			
Remove			<u> </u>

E.	If amending or adding additional Arti	icles, enter change(s) here:
	(attach additional sheets, if necessary),	(Be speci _l ic)

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Page 3 of 4

7/1/2018 The date of each amendment(s) adoption: inter this document was signed. 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 requirements, this date will not locument's effective date on the Department of State's records. Adoption of Amendment(s) (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. 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 10/15/2018 Signature MAMMAMME	
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adopted by the board of directors. Dated	
Signature Jawren Jelnett	
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)	
Lauren Schmaltz	
(Typed or printed name of person signing)	

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Administrator/Secretary

(Title of person signing)