## N0900000981

(Requestor's Name)	
(Requestors Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	÷
	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	10
Certificates of State	
Special Instructions to Filing Officer:	
Q. SILAS	
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2021 DEC 27 AN 10: 27 

Office Use Only

C	ΟV	ΈR	LETTER	

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<b>10</b> : Amendment Section Division of Corporations	? ?			
NAME OF CORPORATION:	PANIS LEE COUNTY INC			
DOCUMENT NUMBER:	NC900000981			
the enclosed Articles of Amendmen	and fee are submitted for filing.			
Please return all correspondence cor	cerning this matter to the following:			
T+	IERESA INK (Name of Contact Person)			
PAWS LEE COUNTY INC. (Firmy Company)				
965 PONDELLA ROAD				
<u></u>	(Address)			
Ν.	FT MYERS, FL. 33903			
·	(City/ State and Zip Code)			
	ulofeuc@yahoo.com			
E-mail ad	Idress: (to be used for future annual report notification)			
For further information concerning	this matter, please call:			
	- <del></del>			

THEREDA TNKat 239652-6722(Name of Contact Person)(Area Code)(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 Filing Fee X\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
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Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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<u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment	
to Articles of Incorporation	
of	2021 DEC 27 AN 10: 2
PAWS, LEE COUNTY, INC.	<u> </u>
(Name of Corporation as currently filed with the Florida Dept. of State)	TALL ASSESSED FROM
N0900000981	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit</i> ( amendment(s) to its Articles of Incorporation:	Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the	abbreviation "Corp." or "Inc."
<u>"Company" or "Co." may not be used in the name</u> N/A	
B. Enter new principal office address, it applicable:	······································
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: N/G	
(Mailing address <u>MAY BE A POST OFFICE BON</u> )	
D. <u>If amending the registered agent and/or registered office address in Florida, enter the new registered agent and/or the new registered office address:</u>	ne name of the
new registered agent and/or the new registered office address:	
<u>new registered agent and/or the new registered office address:</u> <u>Name of New Registered Agent</u> : <u>Carlos Deulofer</u>	
<u>new registered agent and/or the new registered office address:</u> <u>Name of New Registered Agent</u> : <u>Carlos Deillofer</u> 965 PONDELLA	L Ro
new registered agent and/or the new registered office address: Name of New Registered Agent:	L Ro
new registered agent and/or the new registered office address: <u>Name of New Registered Agent</u> : <u>965 PONDELLA</u> <u>New Registered Office Address</u> :	L RD 1 address)
new registered agent and/or the new registered office address: <u>Name of New Registered Agent</u> : <u>Carlos Deilofer</u> 965 PONDELLA (Florida street)	L RD 1 address)
new registered agent and/or the new registered office address: <u>Name of New Registered Agent</u> : <u>965 PONDELLA</u> <u>New Registered Office Address</u> : <u>N.F.T. My CRS</u> (City)	L RD 1 address)
new registered agent and/or the new registered office address: <u>Name of New Registered Agent</u> : <u>965 PONDELLA</u> <u>New Registered Office Address</u> :	L RD readdress) . Florida <u>30903</u> (Zip Code)
new registered agent and/or the new registered office address: Name of New Registered Agent: 965 PONDELLA (Florida street New Registered Office Address: N.F.T. My CRS (City) New Registered Agent's Signature, if changing Registered Agent:	L RD readdress) . Florida <u>33703</u> (Zip Code)
new registered agent and/or the new registered office address: Name of New Registered Agent: 965 PONDELLA (Florida street New Registered Office Address: N.F.T. My CPS (City) New Registered Agent's Signature, if changing Registered Agent:	L RD readdress) Florida <u>33903</u> (Zip Code)

## 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:

(Anach additional sheets, if necessary)

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Please note the officer/director title by the first letter of the office title.

P = Provident, V = Vice President, T = Treasurer: S = Secretary, D = Director, TR = Trustee, C = Chairman or Clerk, CEO = Chairman or Clerk, CEOExecutive Officer. CEO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held Fresident, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Johes 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 Doc. PT as a Change Mike Jones, V as Remove, and Saily Smith, SV as an Add.

Example. <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>PT John D</u> V Mike J SV Sally S	ones	
<u>Type of Action</u> (Check One)	Title	Name	Address
Change	CEO	CARLOS DEULOFEU	965 PONDELLA RD N. FT MYERS, FL 33903
Remove 1) Change Add	D	DR THAIS HERRERA	AE38 GW BAT ST LADE CORF: F. BB914
Remove 3 1 Change Add Remove		JENNIFER SALLOWAY	18100 SHIRS LANE FT MNERS, FL. 38912
a <sub>1</sub> Change Add	$\square$	KAREN FEIDMAN	953 IRIS DR N FT MYERSFL 38902
	Ð	THERESP DESILETS FUR	7129 S. BREITTWEER R. FT MYZRS, FL 33912
6) Change Add	<u>D</u>	ADRIEIJHE GETTMAN	6360 AREOR AVE FT MYERS, FL 33705
E. <u>If amending or ad</u>	ding additional A	rticles, enter change(s) here:	X

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tattach additional sheets, if necessary). (Be specific)

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## iding the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, Idress of each Officer and/or Director being added:

ch additional sheets, if necessary)

ase note the officer/director title by the first letter of the office title.

\* Prysident, V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee, C = Chairman or Clerk, ChO =Liverative Officer\_CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officer held President, Treasurer, Director would be PTD.

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r xample <u>X</u> Change <u>X</u> Remove X Add	<u>Pf John I</u> <u>V Mike</u> SV Sally		
Type of Action (Check One)	<u>Taile</u>	Name	<u>Addres</u> s
1) Change <b>X_</b> Add	$\ominus$	MARYBETH KINGSLEY	SIT MISTY LIJ NFT MIERS, FL. 32903
Remove	9	MADELEINE DORAN	1521 BAZCELONA AVE FT MYEES FL 33901
X Remove 3 ) Change Add Remove			
4) Change Add			
() Remove () Change Add			
E. <u>If amending or a</u> Eatlach additionad	adding additional Esheets, if necessar	Articles, enter change(s) here: 57). (Be specific)	
	N/A		

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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	

Effective date if applicable:

(no more than 40 days after amendment file date)

<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(s)

(<u>CHECK ONE</u>)

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

 $\tilde{\tilde{b}}$  here are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

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12 - 23 - 21

Signature

have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

THERESA INK (Typed or printed name of person signing)

PRESIDENT (Title of person signing)

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