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SECRETARY OF STATE TALLAHASSEE.FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Animal Recov	ery Mission	
DOCUMENT NUM	BER: N10000000936		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
		nard Couto	
	(Name of	Contact Person)	
	Animal R	ecovery Mission	
Marine de Carte	(Firm	n/ Company)	
	P.O. l	Box 403344	
	(,	Address)	
	Miami Be	each, FL 33140	
	(City/ Sta	te and Zip Code)	
	kudo@ E-mail address: (to be use	semiami.com	ation)
For further information	on concerning this matter, pleas	e call:	
Richard Couto		at (305) 534-195	51
(Name	of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departmer	nt of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☑ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Cente	ons

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Articles	s or rucorboration	ب			
	of	75 E			
Animal Recov	ery Mission, Inc.				
	(Name of Corporation as currently filed with the Florida Dept. of State)				
N1000	0000036	2010 APR 26 TALLAHASSE			
· · · · · · · · · · · · · · · · · · ·	0000936 or of Corporation (if known)				
(Document Number	i of Corporation (if known)	S S			
Pursuant to the provisions of section 617.1006, Flo the following amendment(s) to its Articles of Income		Profit Corporation adopts			
A. If amending name, enter the new name of th	e corporation:				
The new name must be distinguishable and contabbreviation "Corp." or "Inc." "Company" or "					
B. Enter new principal office address, if applica					
(Principal office address <u>MUST BE A STREET A</u>	<u>ADDRESS</u>)				
					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	**BOX*)				
D. If amending the registered agent and/or reg		enter the name of the			
new registered agent and/or the new register	red office address:				
Name of New Registered Agent:					
New Registered Office Address:	(Florida street address)				
Hew Registered Office Plantess.	(1 torsad sir cer dadress)				
		, Florida			
	(City)	(Zip Code)			
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a position.	Registered Agent: agent. I am familiar with and acc	cept the obligations of the			
posmon.					
	C31 B 1 24 10	1			
Sign	nature of New Registered Agent, if c	nanging			

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			_ ☐ Add _ ☐ Remove
			_
(attach addit	g or adding additional Articles, enter continuous ional sheets, if necessary). (Be specifically formula is organized exclusively for the continuous indication is organized exclusively indication.	<i>c)</i>	cational,
	c purposes, including, for such pur		
· · ·	ons that qualify as exempt organiz		
the internal i	Revenue Code, or corresponding s	section of any future rederal	tax coue.
•	dissolution of the organization, as		
	responding section of any future fe		<u> </u>
	overnment, or to a state or local g		
such assets	not disposed of shall be disposed	of by a court or competent	jurisdiction in
the county ir	which the principal office of the o	rganization is then located,	exclusively
for such pur	poses or to such organization or o	rganizations,as said Court s	shall determine
which are or	ganized and operated exclusively	for such purposes.	···
		· · · · · · · · · · · · · · · · · · ·	

The date of each amendmen	t(s) adoption: 1/21/2010
	(date of adoption is required)
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/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_4/16	6/2010
Signature _	each Cl
hav	y the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator — if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
	Richard Couto
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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