N1000003370

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only Ordate Ziph Hone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Buffy's Rescu	ie, Inc.	
DOCUMENT NUMBER: N1000003370		
. The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following	
Gie	sela Tacao	
(Name o	f Contact Person)	
GiGi's Rescue (now beir	ng changed from Buffy's Resc	:ue)
(Fin	m/ Company)	
1521 A	Ilton Road/574	
	(Address)	
Miami E	Beach, Fl 33319	
•	ate and Zip Code)	
	o@gmail.com	
E-mail address: (to be us	ed for future annual report notifical	tion)
For further information concerning this matter, please	se call:	
ira tommer	at (702) 430-0701	l
(Name of Contact Person)	/ *** \	e Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Department	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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

Articles of Amendment Articles of Incorporation of

FILED

2018 JUL 19 PM 35,46

Buffy's Rescue, I	SECRETARY OF STA NC TALLAHASSEE, FLOR	
(Name of Corporation as currently filed with	the Florida Dept. of State)	
(Document Number of Corpora	tion (if known)	
suant to the provisions of section 617.1006, Florida Statute following amendment(s) to its Articles of Incorporation:		
If amending name, enter the new name of the corporation	<u>on:</u>	
GiGi's Rescue, In	c.	
new name must be distinguishable and contain the word reviation "Corp." or " Inc." <u>"Company" or "Co." may no</u>		
Enter new principal office address, if applicable:	1521 Alton Road	
incipal office address <u>MUST BE A STREET ADDRESS</u>)	Unit 574	
	Miami Beach, Fl 33319	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	Same as Above	
If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac Name of New Registered Agent:		
Name of New Registered Agent:	ldress:	
Name of New Registered Agent:	ldress:	
Name of New Registered Agent:	ldress:	

Signature of New Registered Agent, if changing

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)

				Add Remove	
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	7.			Remove	
ng or adding additional	Articles, enter c	hange(s) here:			
litional sheets, if necessar	y). (Be specifi	c)			
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	ng or adding additional itional sheets, if necessar	ng or adding additional Articles, enter c itional sheets, if necessary). (Be specific	ng or adding additional Articles, enter change(s) here: litional sheets, if necessary). (Be specific)	ng or adding additional Articles, enter change(s) here: litional sheets, if necessary). (Be specific)	

The date of each amendment(s) adoption:	. July 15, 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/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)
There are no members or members entit adopted by the board of directors.	tled to vote on the amendment(s). The amendment(s) was/were
Dated July 15, 2010	
Dated duly 10, 2010	
Signature	sela Lucao
have not been se	n or vice chairman of the board, president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	D)REGON (Title of person signing)

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