

(Re	equestor's Name)	
(Ad	Idress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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R. WHITE

SEP 27 FN 3: 27
SECRETARY OF STATE OF ALLAHASSEE, FLORING



September 10, 2013

LISSETTE ALVAREZ FUR ANGELS ANIMAL RESCUE 4400 ISLAND ROAD MIAMI, FL 33137

SUBJECT: FUR ANGELS ANIMAL RESCUE CORP

Ref. Number: N10000004350

We have received your document for FUR ANGELS ANIMAL RESCUE CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above referenced entity is a Florida not for profit corporation and the document you have submitted is for a Florida profit corporation.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 613A00021274



## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

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Rebekah, White Regulatory Specialist II

Letter Number: 613A00021274

## **COVER LETTER**

T0: Amendment Section Division of Corporations

NAME OF CORPORATION: Fur Angel	s Animal Rescue			
DOCUMENT NUMBER: <u>N10000043</u> 5				
The enclosed Articles of Amendment and fee				
Please return all correspondence concerning the	nis matter to the following:			
Lissette Alvarez				
	Name of Contact Person			
Fur Angels Anima	I Rescue			
	Firm/ Company			
4400 Island Road				
	Address			
Miami, FL 33137				
City/ State and Zip Code				
furangoloropous@ama	ail aom			
furangelsrescue@gma E-mail address: (10	b be used for future annual report notification)			
(				
For further information concerning this matter	, please call:			
Lissette Alvarez	at (305 ) 573-5507			
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 □\$43.75 Filing Fe Certificate of Sta	<del>-</del>			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to

Articles of Incorporation of

	FILL	ΞĐ	
13	SEP 27	PM	3: 27
SEC JALL	RETARY: O AHASSEE	F.S.	ATE

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

N1000000 4350

(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:

		The
name must be distinguishable and contain the Company" or "Co." may not be used in the	ne word "corporation" or "incorporated" or the name.	the abbreviation "Corp." or "I
3. Enter new principal office address, if a		
Principal office address <u>MUST BE A STR</u>	<u>EE1 ADDRESS</u> )	
C. Enter new mailing address, if applical	ble:	
(Mailing address MAY BE A POST OF		
	or registered office address in Florida, enter	r the name of the
new registered agent and/or the new r		r the name of the
		r the name of the
new registered agent and/or the new r		r the name of the
new registered agent and/or the new r	egistered office address:	r the name of the
new registered agent and/or the new r	registered office address:  (Florida street address)	, Florida
new registered agent and/or the new r	registered office address:  (Florida street address)	
new registered agent and/or the new registered Agent:  Name of New Registered Agent:  New Registered Office Address:  New Registered Signature, if chain	registered office address:  (Florida street address)  (City)	, Florida(Žip Code)

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 D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	Willy Chirino	4400 Island Road
Add			Miami FL 33/37
X Remove			
2) Change	VP	Olga Chorens	13702 SW 101 TERRACE
X Add		U	Miami, FL 33186.
Remove			
3)Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change	<u></u>		
Add			
Remove			
6) Change			<del></del>
Add			
Remove			

f amending or adding additional Art stach additional sheets, if necessary).	(Be specific)				
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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:		<del></del>
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s) l.	
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated Sept	ember 20, 2013	
	ette Olvary	·· <del>·</del>
have not bee	man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
· .		
	(Typed or printed name of person signing)	
	(Title of person signing)	