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COR AMND/RESTATE/CORRECT OR O/D RESIGN PET PARTNERS RESCUE HOME INC.

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Help

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER

Division of Corporations PET PARTNERS RESCUE HOME INC. NAME OF CORPORATION: N10000009891 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Cheyenne Moseley (Name of Contact Person) Legalzoom.com, Inc. (Firm/ Company) 101 N. Brand Blvd., 11th Floor (Address) Glendale, CA 91203 (City/ State and Zip Code) balfonso811@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cheyenne Moseley (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & □S52.50 Filling Fee Certificate of Status Certificate of Status Ccitified Copy (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Ctifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Page: 4 of 7

Articles of Amendment to Articles of Incorporation of

PET PARTNERS RESCUE HOME IF		
(Name of Corporation as current	ly filed with the Florida Dept. of	State)
N10000009891		
(Doc	ument Number of Corporation (if)	known)
Pursuant to the provisions of section 617, mendment(s) to its Articles of Incorporation		a Not For Profit Corporation adopts the followin
A. If amending name, enter the new na	me of the corporation:	
		The nev
ame must he distinguishable and contain "Company" or "Co." may not he used in		orporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address,		
Principal office address <u>MUST BE A.S.</u>	TREET ADDRESS)	•
		
Enter new mailing address, if appli (Mailing address MAY BE A POST (
). If amending the registered agent an		Florida, enter the name of the
new registered agent and/or the new		
Name of New Registered Agent:	Myron Sanchez	
	9555 SW 42 SI	
Name Parameter of Office Addresses	(Florida street ac	duruss)
New Registered Office Address:	Miami	33165
	- <u></u>	. Florida 33165
	(City)	(Zip Code)
Sew Registered Agent's Signature, if chereby accept the appointment as registing		d accept the obligations of the position.
	Signature of New Recustered Ag	JAnchez

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)

To: Florida Di

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 = Trustae; 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		Doe : Jones : Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PTD	ALFONSO, BERNARDO LUIS	
Add Remove			
2) X Change	Γ	PADRON, ELIZABETH	11430SW 190 Dr
Add			Cutter Bay, FL 33157
Remove 3) X Change	PD	SANCHEZ, MYRON	
Add			
4)Change	<u>s</u>	Bibiana Salmon	9555 Southwest 42 St
X Add			Miami, FL 33165
Remove			
5) Change Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Article (attach additional sheets, if necessary).	cles, enter change(s) l (Be specific)	<u>sere</u> :		
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The date of each amendment(s) adoption:			
date	this document was signed.		
Eff	ective dute if applicable:		
	(no more than 90 days after amendment file date)		
Adı	option of Amendment(s) (CHECK ONE)		
	The amendment(s) was/were adopted by the members and the number of votes cast 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 hoard of directors.		
	Dated 11-04-2023		
	Signature M mon Sanchez		
	(By the chairpan 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)	_	
	MYRON SANCHEZ		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		