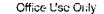
N110000003554

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sacrises Link) rearrey
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·





300267863083

300267863033 01/06/15--01017--011 **35.00

15 JAN -6 PM 4: 08

SECRETARY OF STATE OF STATE OF CORPORATIONS

1.18

TO: Amendment Section Division of €orporations
NAME OF CORPORATION: Lui My Furbaby Rescue, Inc
DOCUMENT NUMBER: N 1/ 0000 3554
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person)
Lux My Furbaby Rescue, Inc
17231 N.W. 32cf.
(Address) Miami Gardens, £ 33057 (City/ State and Zip Code)
Cabrera 444 Dellsouth. r204 E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at (305) 968-0775 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status (Additional copy is Enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Street Address Amendment Section
Division of Corporations Division of Corporations

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

,		of		DIAISIDE OF F	urt urminir
Luv My	turbuby	Rescue,	Inc.	<u> 15 JAN</u> -6	PH 4: 08
(Name of Corporation as Cur	rently filed with the Flo	rida Dept. of State	2)		
	N 11 000	00 3554			
(Document Number of Co	orporation (if know	n)		
Pursuant to the provisions of section of amendment(s) to its Articles of Incorp		es, this <i>Florida Not</i>	For Profit Corporati	ion adopts the follo	wing
A. If amending name, enter the ne	w name of the corporat	ion:			
					new
name must be distinguishable and co. "Company" or "Co." may not be use		tion" or "incorport	nted" or the abbrevia	tion "Corp," or "L	nc, "
B. Enter new principal office addr	ess, if applicable:	172	3, NW. 3	32 CH	
(Principal office address MUST BE		Miai	31 NW. 3	ns A	
			33056		
C. Enter new mailing address, if a (Mailing address MAY BE A PO			Same	-	
D. If amending the registered agen new registered agent and/or the			da, enter the name o	of the	
<u>Name oj New Registerea Ag</u>	ent: Luz	2 C Cak	orera		
		N.W.	32ct		
Kuw kamyaraj Grine Aja		(Florida street address)		
and the state of t	Miam	Granden	Sinorida	33056	0
	101177			(Zm Code)	
New Registered Agent's Signature,					
a nereby accept the appointment as re	Ma	1		те рохиюп.	
	Signature of New	Registered Agent, i	f chancing		
	/	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	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove	ED& CFO	Maggie Rodrigue	2 9740 S.W. 164 aul Miami, FL 33196
2) Change Add	ED& CFO	Luz C. Cabrera	17231 N.W. 32ct Miam: Gardne, 52
Remove 3) Change Add	<u>D</u>	Susan Stubbs.	33056 9140 5.w. 1642ec M. 1'ami fi
Remove 4) Change Add			
Remove 5) Change			
Add			
6) Change Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
	······································	-			
	<u></u>			· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·		 	
	···				
					
, , , , , , , , , , , , , , , , , , ,					
		<u></u>		<u> </u>	
				<u></u>	· · · · · · · · · · · · · · · · · · ·
					<u></u>
					<u> </u>
					
					

The date of each amendment(s) adoption date this document was signed. Effective date if applicable:	(no more than 90 days after amendment file date)	FULL Other than the SECRETARY OF STATE DIVISION OF CORPORATIONS 15 JAN - 6 PM 4: 08
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted was/were sufficient for approval.	l by the members and the number of votes cast for the a	amendment(s)
There are no members or members en adopted by the board of directors.	ntitled to vote on the amendment(s). The amendment(s	s) was/were
Dated	12/28/14	
have not been sel-	or vice chairman of the board, president or other officer ected, by an incorporator – if in the hands of a receiver inted fiduciary by that fiduciary)	
(Тур	Luz C. Caprera ed or printed name of person signing)	·
	Executive Dir.	_
	(Title of person signing)	