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(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Bark Against Bullies Inc.			
DOCUMENT NUMBER:]	N11000005145		
The enclosed Articles of Am	endment and fee are subn	nitted for filing.	
Please return all corresponde	ence concerning this matte	er to the following:	
	(Nam	e of Contact Person)	
Law Offices of Paul J. Burk	hart, PL		
	(Firm/ Company)	
800 Village Square Crossing	3		
		(Address)	
Palm Beach Gardens, FL 33			
	(City	State and Zip Code)	
paul@paulbu E	ırkhart.net -mail address: (to be used	for future annual report	notification)
For further information conc	erning this matter, please	call:	
Paul Burkhart		at (_561) 880-0155 ode & Daytime Telephone Number)
(Name of Co	ntact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida Depa	artment 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 A	ddress	Street	Address

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

Bark Against Bullies Inc			
(Name of Corporation as current	y filed with the Florida	Dept. of State)
N11000005145			
(Document Number of Corp	oration (if known)		
ursuant to the provisions of section 617.1006, Florida State ollowing amendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not Fol</i>	Profit Corpo	ration adopts the
If amending name, enter the new name of the corpor	ation:		
The new name must be distinguishable and contain the word Corp." or "Inc." "Company" or "Co." may not be used		rporated" or t	he abbreviation
Enter new principal office address, if applicable:			
Principal office address <u>MUST BE A STREET ADDRES</u>	<u>(2</u>)		
			
. Enter new mailing address, if applicable:			- DEC
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		-	`
			<u>P</u>
	•		
. If amending the registered agent and/or registered o		enter the nam	ie of the
new registered agent and/or the new registered office	address:		
Name of New Registered Agent:		<u></u>	
	(Florida street address)		
New Registered Office Address:			
		, Florida _	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Register	ed Agent:		
hereby accept the appointment as registered agent. I am		the obligations	of the position.
Signature of New Res	gistered Agent, if changin	σ	

Page 1 of 4

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(attach additional sheets, if necessary). (Be specific)
Amending Purpose of Corporation To Reflect as Follows:
(a) Said organization is organized exclusively for charitable, religious, educational and scientific purposes,
including, for such purposes, the making of distributions to organizations that qualify as exempt organizations
under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

(b) Upon the dissolution of the organization, assets shall be distributed for one or more of the exempt purposes
within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future
federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public
purpose. Any such assets not disposed of shall be disposed of by a Court of Competent Jurisdiction of the County
in which the principal office of the organization is then located, exclusively for such purposes or to such
organization or organizations, as said Court shall determine, which are organized and operated exclusively for such
purposes.

E. If amending or adding additional Articles, enter change(s) here:

he, date of each amendment(s) a	doption: 11/19/2011
iffective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the amendment(s) al.
There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated	-21-11
Signature Signature	
(By the chair have not be	rman 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)
Laurie Verme	
	(Typed or printed name of person signing)
President	
	(Title of person signing)

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