## N12000000 453

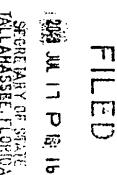
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: GOLDEN PAWS ASSISTANCE DOGS LOC
DOCUMENT NUMBER: N120000453
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stately L Mody (Name of Contact Person)
Starey Monday In ( Firm/ Company)
10023 Westbourgh Dr
Mayles Fe 34/17 (City/State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stucy Monday at 239776/1647 (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 S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status (Additional copy is enclosed)  \$36 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status (Additional copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

## Articles of Incorporation

	Articles of Amendment	,
	to Articles of Incorporation	
Golden PAWS Assistance	of Correctly filed with the	FILED
N12KNNON453	is currently med with the	200 JULIA PREIS
(Docume rsuant to the provisions of section 617.1006, Floridaendment(s) to its Articles of Incorporation:	ent Number of Corporation da Statutes, this <i>Florida No</i>	if known) SECREFARY OF STATE
If amending name, enter the new name of the	corporation:	The new
me must be distinguishable and contain the word company" or "Co." may not be used in the name.		
Enter new principal office address, if applicab Principal office address <u>MUST BE A STREET AD</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B		
If amending the registered agent and/or regist new registered agent and/or the new registere		ida, enter the name of the
Name of New Registered Agent:	NA	
New Registered Office Address:		(Florida street address)
-		Florida (Zip Code)
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Rehereby accept the appointment as registered agent.		cept the obligations of the position.
	Signature of New R	egistered 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)

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	<u>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add Remove		Timothy Ubben	2800 Dayis Blvd Ste 20 Naples FI 34104
2) Change		<del></del>	
Add			
Remove			
3 ) Change		<del></del>	
Add			
Remove			
4) Change	<u></u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
14					
N/ '					
·					
<u>-</u>	<u>.                                    </u>				

The date of each amendment(s) adoption:  date this document was signed.  Effective date if applicable:	, if other than the
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
Adoption 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 board of directors.	
Signature  (By the chairman of 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)  (Typed or printed name of person signing)	. ·
Sicretary / Allountant (Title of person signing)	