N12000001928

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Amend

COVER LETTER

TQ: Amendment Section Division of Corporations

NAME OF CORPORATION: The Little T	ortoise F	lace Inc.
DOCUMENT NUMBER: N1200000192	28	
The enclosed Articles of Amendment and fee are submitted	ed for filing.	,
Please return all correspondence concerning this matter to	the following:	
Daniel Reyes		
(Na	me of Contact Pers	on)
The Little Tortoise Place Ir	nc.	
	(Firm/ Company)	
15911 S.W. 287 St.		
	(Address)	
Homestead, FL 33033		
(Cit	y/ State and Zip Co	de)
airbagged@earthlin		
E-mail address: (to be used for	future annual repor	t notification)
For further information concerning this matter, please call		
Daniel Reyes	at (305	, 793-8345
(Name of Contact Person)	(Area	Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable	e to the Florida De	partment of State:
. (4	43.75 Filing Fee & ertified Copy Additional copy is inclosed)	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ame Divis Clifte 2661	et Address Indiment Section Ition of Corporations In Building Executive Center Circle Indiana Section 1988

Articles of Amendment to Articles of Incorporation of

FILED

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SEBRETART OF STATE
TALLAHASSEE FLORIDA

(Name of Corporation as currently filed with the l	
The Little Tortoise Place Inc.	N12000001928
(Document Number of Corp	poration (if known)
Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:
N/A .	The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name	oration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRES</u>	(22
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
•	
D. If amending the registered agent and/or registered onew registered agent and/or the new registered offic	
Name of New Registered Agent: N/A	
New Registered Office Address:	(Florida street address) .
	, Florida
(Ci	ity) (Zip Code)
New Registered Agent's Signature, if changing Register	
I hereby accept the appointment as registered agent. I am	a familiar with and accept the obligations of the position.
Signature of New Re	egistered Agent, if changing

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add .	<u>sv</u>	Sally Smith	·
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove	AVP	Alyssa M Reyes	15911 SW 287 St Homestead, FL 33033
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

Please amend Article II to read: The specific purpose for which this corporation is organized is to provide a place of refuge, nurturing, medical care and rehabilitation for injured, neglected, lost, abused or unwanted tortoises. At the same time, to provide education and guidance to the community regarding this gentle, but often misunderstood species, its proper care, nutrition and habitat, and the intentional or unintentional abuse it often suffers.

Please add Article IX to read: Upon the dissolution of this organization, assets shall be distributed to the Zoological Society of Florida Inc. so long as at that time they continue to be a tax exempt organization under section 501 (c)(3), otherwise the assets shall be distributed to the Humane Society of Greater Miami Inc., so long as they are still a tax exempt organization under section 501 (c) (3). If the neither one of these organizations is qualified, then the assets shall be distributed to the State of Florida or Miami-Dade county government to be used for any public purpose that involves education or prevention of cruelty to animals, and which falls under the meaning of section 501 (c) (3) of the Internal Revenue code or the corresponding section of any future tax code.

The	date of each amendment(s) adoption: Way 4, 2012
	ctive date if applicable: May 4, 2012
	(no more than 90 days after amendment file date)
Ado	ption 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.
	Dated May 4, 2012 Signature Actual Land
	(By the charman or vice charman 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)
	Daniel Reyes
	(Typed or printed name of person signing)
	President
	(Title of person signing)