

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | ∋ #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATIO | Sophie's Chihuhaua ar | nd Small Breed Animal | Rescue | |
|--------------------------------|---|---|--|---------------------------------------|
| DOCUMENT NUMBER: | N130000002059 | | | |
| The enclosed Articles of Ame | andment and for are subm | ited for filing | | |
| The enclosed Articles of Ame | enumeni and tee are suom | nted for firing. | | |
| Please return all corresponde | nce concerning this matter | to the following: | | |
| Angela Morgan | | | | |
| | (| Name of Contact Person | 1) | |
| Sophie's Chihuahua Small Bi | reed and Animal Resuce | | | |
| | | (Firm/ Company) | | |
| 2060 Woodside Park Dr. | | | | |
| | | (Address) | | |
| Woodstock GA, 30188 | | | | |
| | (1 | City/ State and Zip Cod | e) | · · · · · · · · · · · · · · · · · · · |
| angelamorgan0906@gmail.c | | | | |
| E- | mail address: (to be used t | or future annual report | notification) | |
| For further information conce | erning this matter, please co | all: | | |
| Angela Morgan * | | 678 at | 7130 | 769 |
| (| Name of Contact Person) | (At | ea Code) (Dayt | ime Telephone Number) |
| Enclosed is a check for the fo | ollowing amount made pay | able to the Florida Depa | rtment 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 Certificate of Certified Cop (Additional C Enclosed) | Status y |

Mailing Address

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

Street Address

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

Articles of Amendment to

Articles of Incorporation of

| Sphil's Chihua Hua (Name of Corporation as current) | of COLSMAN BREAK FINE thy filed with the Florida Dept. of State) |
|--|--|
| (Name of Corporation as current | FALLAHASSEE ELOPUTA |
| (Document Number | er of Corporation (if known) |
| Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation: | s, this Florida Not For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporati | on: |
| | The new |
| name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name. | ion" or "incorporated" or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: | 2060 Woodside Park Dr |
| (Principal office address MUST BE A STREET ADDRESS) | Woodstock GA, 30188 |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 2060 Woodside Park Dr |
| (Mauing duaress MAI BE A POSI OFFICE BOX) | Woodstock GA 30188 |
| | |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a | |
| Name of New Registered Agent: | |
| New Registered Office Address: | (Florida street address) |
| | Florida |
| | (City), Florida (Zip Code) |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far | Agent: |
| Si | gnature of New Registered 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) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) X Change | P | Angela Morgan | 2060 Woodside Park Dr |
| Add | | | Woodstock, GA 30188 |
| Remove | | | |
| 2) X Change | CFO | Ira Scott Morgan | 2060 Woodside Park Dr |
| Add | | | Woodstock, GA 30188 |
| Remove | | | <u></u> |
| 3) Change | <u>S</u> | Julia Herzberg | 3953 Blue Ridge Rd |
| x Add | | | Clarkelake MI 49234 |
| Remove | | | |
| 4) Change | <u>T</u> | Melissa Richardson | 55 Heaton Hills |
| x Add | | | Covington GA 30016 |
| Remove | | | |
| 5) Change | VP | Tamiko Shelton | 2216 Fountain Lakes Blvd |
| X Add | | | Estero FL 33928 |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) |
|---|
| Article 10 - Articles of Disolution |
| |
| The organization maybe resolved only with the authorization of the Board of Directors, given at a special meeting |
| called for that purpose, and with subsequent vote of 2/3 of the memebers. In the event of disolution the assests shall be |
| applied and distributed as follows: |
| |
| All liablites and obligations shall be paid, satisfied or discharged or adequeate provisions shall be made therefore. Assests |
| not held upon condition requiring return, transfer or conveyance. to any other organization or individual, shall be distributed |
| transfered or convyed in trust or otherwise to, charitable and eductional organziations. organzied under Section 501(c)(3) |
| of the Internal Revenue code of 1986. as ammended of a similar or like nature to this organziation, as determined by the |
| Board of Directors. |
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| |

| The | | 7/1/2014 | |
|------|---|---|-------------------------------------|
| | date-of-each amendment(s) add | | , if other than the |
| late | this document was signed. | | |
| | 8/19/2 | 2015 | |
| Effe | ective date <u>if applicable</u> : | | <u> </u> |
| | | (no more than 90 days after amendment file date) | |
| | e: If the date inserted in this blocument's effective date on the Dep | ck does not meet the applicable statutory filing requirements, artment of State's records. | this date will not be listed as the |
| Ada | option of Amendment(s) | (<u>CHECK ONE</u>) | |
| | The amendment(s) was/were ad- was/were sufficient for approval | opted by the members and the number of votes cast for the an | nendment(s) |
| | There are no members or members adopted by the board of director | ers entitled to vote on the amendment(s). The amendment(s) rs. | was/were |
| | Dated 8/13/2015 | | |
| | Signature | gla Elise Moro | an- |
| | | ny or vice chairman of the board, president or other officer reselected, by an incorporator – if in the hands of a receive, ppointed fiduciary by that fiduciary) | |
| | Δ_n | aela Elise Moraar | • |
| | | (Typed or printed name of person signing) | |

(Title of person signing)