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Amend

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I ALBRITTON

COVER LETTER

Division of Corporations
NAME OF CORPORATION: JUNG HUMane Inc
DOCUMENT NUMBER: N/3000002882
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jennifer Myers
(Name of Contact Person)
Juno Humane Inc
(Firm/ Company)
La Ocean Anes Ferr
Jupiter, F1 33477
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tennifer Myers at 954-800-3922 (Name of Confact 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 \$\Bigcup \$43.75 Filing Fee & \Bigcup \$43.75 Filing Fee & \Bigcup \$52.50 Filing Fee Certificate of Status
(Additional copy is certified Copy enclosed) (Additional Copy is Enclosed)
Mailing Address Street Address
Amendment Section Amendment Section

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



November 15, 2016

JENNIFER MYERS JUNO HUMANE INC. 106 OCEAN PINES TERR JUPITER, FL 33477

SUBJECT: JUNO HUMANE INC. Ref. Number: N13000002882

We have received your document for JUNO HUMANE INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 716A00024488

Articles of Amendment

to

Articles of Incorporation

of loo
(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation: The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.
B. Enter new principal office address, if applicable: 995 SE Federal HWY (Principal office address MUST BE A STREET ADDRESS) # 261
Hobe Sound, F1 33475
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Hobe Sound, #1 33475
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: Do Ocean Pines Terr (Florida street address)
New Registered Office Address: Jupiter , Florida 33477 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position. Signature of New Registered Agent of 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 X Remove X Add	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	5_	Monica Roberts	Jupiter, F1 33458
Remove 2) Change Add	<u>s</u> -	Tracy Rolfe	3636 Steve Kerel Dr. NE Hickory NC 28681
Remove Remove Remove	P	Jennifer Myers	PO 261 Hobe Sourd, F1 33475
4) X Change Addres Onle Remove	<u>T</u> y	Bebecca Robison	Po 261 Hobe Sound F1 33475
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)			
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The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a was/were sufficient for approve	dopted by the members and the number of votes cast for the amendme al.	nt(s)
There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/we ors.	re
Dated Signature	med en Missess	
(By the chai	rman or vive chairman of the board, president or other officer-if direct en selected, by an incorporator — If in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	
Je	(Typed or printed name of person signing)	
Pr	esident (Title of person signing)	_