## N13000003000

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATE	Rescue Pets of Flor	ida, Inc		
	N13000003000			
DOCUMENT NUMBER:		<del> </del>		
The enclosed Articles of An	nendment and fee are sub	omitted for filing.		
Please return all correspond	ence concerning this mat	ter to the following:		
Jeanine Cohen				
		(Name of Contact Perso	on)	· .
		(Firm/ Company)		
4220 Waterville Ave				
		(Address)		
Wesley Chapel Fl 33543				
		(City/ State and Zip Co	de)	
jeaninecohen@gmail.com				
T:	-mail address; (to be use	d for future annual repor	notification	i)
For further information cond	cerning this matter, pleas	e call:		
Jeanine Cohen		8 at	13	625-2405
	(Name of Contact Person	1) (/	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	following amount made p	ayable to the Florida De	partment of	State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing A	Address	Stree	t Address	

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Rescue Pets of Florida, Inc		
Name of Corporation as currently filed with the Florida I	Dept. of State)	
N13000003000		
(Document Numb	er of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not Fe</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	
		The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	ion" or "incorporated	l" or the abbreviation "Corp," or "Inc,"
B. Enter new principal office address, if applicable:		:3
(Principal office address MUST BE A STREET ADDRESS	)	, J
		1
C. Enter new mailing address, if applicable:		2. D. C.
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
		<u> </u>
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		, enter the name of the
Name of New Registered Agent:		
	·····	lorida street address)
New Registered Office Address:	.,	
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered		a 10 2 74 22
I hereby accept the appointment as registered agent.—I am fai	nuiar with and accept	the obligations of the position.
Sï,	gnature of New Regist	ered 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	PT         John De           V         Mike Jo           SV         Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>D</u>	Lynn D'Ovido	728 Tradewinds Drive Brandon FI 33803
× Remove			
2) Change Add	D	Anthony Flechler	7805 Paul Buchman Hwy Plant City, Fl 33565
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

Marie Control of the		
	<del></del>	<del></del>
		<del></del>
	•	
The date of each amendment(s) adoption date this document was signed.	1: 9/3/2025	, if other than the
Errandon donas ir sasalisada		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will no nt of State's records.	t 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.

	ers or members entitled to vote on the amendment(s). The amendment(s) was/were rd of directors.
Dated _ Signature _ (I	By the chairman or 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)
	Jeanine Cohen
	(Typed or printed name of person signing)
	Director
	(Title of person signing)