

N140000004483

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AUG 18 2017

S. PRATHER

COVER LETTER

TO: Amendment Section
Division of Corporations

✓
NAME OF CORPORATION: MITZI'S MISSION, INC.

DOCUMENT NUMBER: N14000004483

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRIS KOCHER

(Name of Contact Person)

LCI TAXES

(Firm/ Company)

PO BOX 1711

(Address)

BUNNELL, FL 32110

(City/ State and Zip Code)

CHRISKOCHER@LCITAXES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRIS KOCHER CPA

386

586-3976

at

(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:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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

Street Address

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

Articles of Amendment
to
Articles of Incorporation
of

MITZI'S MISSION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N14000004483

(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:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

(Florida street address)

New Registered Office Address:

(City)

_____, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

ARTICLE III - PURPOSE

To support the work of local animal welfare agencies, Mitzi's Mission is an entirely volunteer organization that conducts fundraising activities for the purpose(s) of:

- Purchasing/collecting food supplies for local animal welfare groups
- Providing financial support for shelter/rescue housing needs
- Participating in community outreach on behalf of local animal welfare groups
- Promoting awareness/education regarding animal welfare • Increasing volunteer interest in shelter/rescue events, programs.
- Integrating and developing various social media tools as a means of facilitating these goals.

ARTICLE IX – DISSOLUTION

UPON DISSOLUTION, IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 501(C)(3), ANY AND ALL REMAINING ASSETS OF MITZI'S MISSION, INC. WILL BE USED EXCLUSIVELY FOR EXEMPT PURPOSES. THE ASSETS WILL BE GIVEN TO OTHER LOCAL CHARITABLE ORGANIZATIONS ALSO QUALIFYING AS CHARITABLE UNDER SECTION 501(C)(3).

ARTICLE X - CONFLICT OF INTEREST POLICY

Please see attached "Conflict of Interest Policy"

ARTICLE IV - The manner in which directors are elected or appointed is:

DIRECTORS WILL HOLD OFFICE FOR TERMS OF NO LONGER THAN 2 YEARS AND BE ELECTED BY VOTE OF BOARD OF DIRECTORS. INITIAL DIRECTORS WERE APPOINTED BY PRESIDENT MICHELLE CHANDLER AND WILL SERVE FOR INITIAL 2 YEAR TERM BEFORE COMING UP FOR RE-ELECTION OR REPLACEMENT.

AUGUST 10, 2017

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated AUGUST 10, 2017 _____

Signature Michelle Chandler 8/11/17
(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)

MICHELLE CHANDLER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA