

09/30/2015 11:04

Division of Corporations

To: 18506176380 FROM: 5619650938

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**NH0000049165**

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850) 617-6380

From:  
Account Name : LEGACY TAX, INC.  
Account Number : I20120000069  
Phone : (561) 683-3000  
Fax Number : (561) 965-0938

Oct 1 2015

C. CARROTHERS

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: LEGACYTAXCORPS@GMAIL.COM

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
CANINES4HOPE.ORG INC**

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2015 SEP 30 AM 8:58  
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TALLAHASSEE, FLORIDA

## - Fax Transmission

**To:** 8506176380@NEXTIVAFAX.COM

**From:** Legacy Financial Partners LLC

**Fax:** 18506176380

**Date:** 9/30/2015

**RE:** CACINES4HOPE.ORG, INC

**Pages:** 7

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**Comments:**

Please process the attached Articles of Amendment to Articles of Incorporation of CANINES4HOPE.ORG, INC.

Regards,  
Maria Dominguez

Legacy Financial Partners, LLC  
1818 South Australian Avenue, Suite 202  
West Palm Beach, FL 33409  
Phone: 561-683-3000  
Fax: 561-965-0938

Tax and Accounting services offered through Legacy Tax, LLC. and, Insurance services offered through Legacy Advisors, Inc. both of which are subsidiaries of Legacy Financial Partners, LLC.

**Tax Advice Disclosure:** To ensure compliance with requirements imposed by the IRS under Circular 230, we inform you that any U.S. federal tax advice contained in this communication (including any attachments), unless otherwise specifically stated, was not intended or written to be used, and cannot be used, for the purpose of (1) avoiding penalties under the Internal Revenue Code or (2) promoting, marketing or recommending to another party any matters addressed herein.

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: CANINES4HOPE.ORG, INC.

DOCUMENT NUMBER: N14000004965

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

Please return all correspondence concerning this matter to the following:

ARNALDO J COUCELO

(Name of Contact Person)

LEGACY TAX, INC.

(Firm/ Company)

1818 S AUSTRALIAN AVENUE, SUITE 202

(Address)

WEST PALM BEACH, FL 33409

(City/ State and Zip Code)

LEGACYTAXCORPS@GMAIL.COM

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

For further information concerning this matter, please call:

ARNALDO J COUCELO

(Name of Contact Person)

at

561-683-3000

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |                                                     |                                                                        |                                                                                                     |                                                                                                                            |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

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Articles of Amendment  
to  
Articles of Incorporation  
of

CANINES4HOPE.ORG, INC.

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

N14000004965

(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:

N/A

*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)

N/A

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 office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: N/A

N/A

(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

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

N/A

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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 9/30/2015

Signature

(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)

ARNALDO J COUCELO  
(Typed or printed name of person signing)

TREASURER  
(Title of person signing)

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