## 11400006433

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

P.O. Box 6327

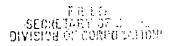
Tallahassee, FL 32314

NAME OF CORPORATION: Huey's Angels	Inc.				
N14000006433					
DOCUMENT NUMBER:	· · · · · · · · · · · · · · · · · · ·				
The enclosed Articles of Amendment and fee are su	bmitted for filing.				
Please return all correspondence concerning this ma	tter to the following:	,			
Kristine Hamma					
	(Name of Contact Per	son)			
Huey's Angels Rescue					
	(Firm/ Company)				
5011 Susan Ave					
	(Address)				
Sarasota, FL 34231					
	(City/ State and Zip Co	ode)			
HueysAngels@gmail.com					
E-mail address: (to be use	ed for future annual repo	t notification	1)		
For further information concerning this matter, pleas	e call:				
Kristne Hamma	g	41	650-2272		
(Name of Contact Perso		Area Code)	(Daytime Telephone Number)		
Enclosed is a check for the following amount made p	payable to the Florida De	partment of S	State:		
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee cate of Status led Copy tional Copy is sed)		
Mailing Address		t Address			
Amendment Section Division of Corporations	Amendment Section Division of Corporations				

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Huey's Angels Inc				15 DEC -7	AH 9:
(Name of Corporation	n as curren	tly filed with the F	lorida Dept. of State)		
N14000006433					<del></del>
(Docu	ment Numo	er of Corporation (i	f Known)		
Pursuant to the provisions of section 617.1006, Flomendment(s) to its Articles of Incorporation:	orida Statute	es, this <i>Florida Not</i>	For Profit Corporation	adopts the fol	lowing
. If amending name, enter the new name of th	e corporati	ion:			
					he new
ame must be distinguishable and contain the wor Company" or "Co." may not be used in the nam		tion" or "incorpora	ited" or the abbreviation	! "Corp." or '	"Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )		5011 Susan Ave			
		Sarasota, FL 3423	21		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i> )				
If amending the registered agent and/or reging the new registered agent and/or the new registered.			ia, enter the name of th		
	Kristine H				
Name of New Registered Agent:	5011 Susa	n Ave			
New Registered Office Address:			(Florida street address)		
	Sarasota		, Florid	a 34231	<u></u>
		(City)	(Zip	Code)	
lew Registered Agent's Signature, if changing learning hereby accept the appointment as registered agent	Registered . nt. I am fan	Agent: niliar with and acce	pt the obligations of the	position.	
_	K	rishing	1 HA		
	Si	gnature of New Reg	istered Agent, if changir	ıg	

## 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 V SV	John Do Mike Jo Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change Add		-		
Remove 2) Change		_		
Add Remove				
3) Change	<del>.,</del>	-	<u></u>	
Remove 4) Change				
Add Remove	<del></del>	-		
5) Change		-		
Add Remove				
6) Change Add		-		
Remove				<del>*************************************</del>

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	11/29/2015	
	e of each amendment(s) adoption:, if other than	the
date	document was signed.	
Effe	e date if applicable:	
	(no more than 90 days after amendment file date)	
	15 DEC -7 AM 9: 45	
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the it's effective date on the Department of State's records.	
Ado	n of Amendment(s) ( <u>CHECK ONE</u> )	
	amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) //were sufficient for approval.	
	re are no members or members entitled to vote on the amendment(s). The amendment(s) was/were pted by the board of directors.	
	11/29/2015	
	Dated	
	Signature	
	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)	
	Kristine Hamma	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	