

N14000009352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

PI missing

28th

Office Use Only



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11/19/15--01016--006 **35.00

FILED
15 DEC 28 AM 8:22
ST. LOUIS, MO
U.S. DEPT. OF JUSTICE

Amend.

JAN 13 2016

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2015

CARMEN ROSALY BROWER
3164 72ND AVE N
ST PETERSBURG, FL 33702

SUBJECT: CARMEN'S HORSE AND ANIMAL RESCUE INC
Ref. Number: N14000009352

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

PLEASE ADD THE TITLES FOR THE OFFICERS/DIRECTORS BEING ADDED OR DELETED.

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.

Darlene Connell
Regulatory Specialist III

Letter Number: 515A00025929

RECEIVED
15 DEC 28 AM 8:30



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 23, 2015

CARMEN ROSALY BROWER
3164 72ND AVE N
ST PETERSBURG, FL 33702

SUBJECT: CARMEN'S HORSE AND ANIMAL RESCUE INC
Ref. Number: N14000009352

We have received your document for CARMEN'S HORSE AND ANIMAL RESCUE 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):

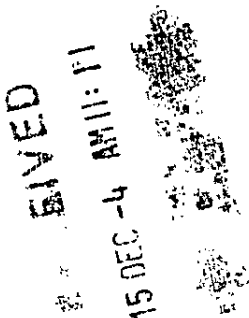
Pg 1 is missing from the document and must be completed. Please find enclosed and complete the missing page.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 115A00024701



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Carmen's Horse and Animal Rescue Inc

DOCUMENT NUMBER: 1114 000009352

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

Please return all correspondence concerning this matter to the following:

Carmen Rosaly Brower
(Name of Contact Person)

Carmen's Horse and Animal Rescue Inc.
(Firm/ Company)

3164- 72nd ave North.
(Address)

St Petersburg FL 33702
(City/ State and Zip Code)

CarmenCam2004@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carmen Brower at 727 692-2806
(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 checked="" 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 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

Carmen's Horse and Animal Rescue Inc

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

N14000009352

(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)

3104- 72nd Ave North
St Petersburg FL 33702

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3104- 72nd Ave North
St Petersburg FL 33702

Same
as
before

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:

New Registered Office Address:

N/A

(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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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
HILLSBORO, FLORIDA

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>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>Rebecca Turnersend</u>	<u>3164-72nd Ave N</u> <u>St Pete. FL 33702</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Jenny Begin</u>	<u>St Pete. Fla</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Anne Instone</u>	<u>419-4th St #4 Apt.</u> <u>St Pete. FL 33710</u>
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	_____	_____	_____

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The date of each amendment(s) adoption: NOV 1, 2015, 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 NOV 1, 2015

Signature

Carmen Brower

(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)

Carmen Brower

(Typed or printed name of person signing)

President

(Title of person signing)