N14000010562

(F	Requestor's Name)			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: WORLD ASSOCI	ATION OF TRADIT	IONAL CHIN	ESE VETERINARY MEDICINE INC
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:		
CAROLYN GODDARD			
	(Name of Contact	Person)	
CAROLYN GODDARD, CPA			
	(Firm/ Compa	ny)	****
3520 NW 43RD ST			
	(Address)		
GAINESVILLE, FL 32606			
	(City/ State and Zip	Code)	
cgoddard@cpaofc.com			
E-mail address: (to be us	ed for future annual re	eport notification	on)
For further information concerning this matter, pleas	se call:		
CAROLYN GODDARD	ş	352	338-0424
(Name of Contact Perso			(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certi is Certi (Add	50 Filing Fee ficate of Status fied Copy litional Copy is losed)
Mailing Address		treet Address	* *
Amendment Section		mendment Sec	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation of

WORLD ASSOCIATION OF TRADITIONAL CHINESE VETERINARY MEDICINE, INC.

(Name of Corporation as curren	tly filed with the Florida D	ept. of State)
N14000010562		
(Document Numb	er of Corporation (if known)	
tursuant to the provisions of section 617.1006, Florida Statute mendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Proj</i>	fit Corporation adopts the following
. If amending name, enter the new name of the corporat	<u>ion:</u>	
		The new
ame must be distinguishable and contain the word "corpora Company" or "Co." may not be used in the name.	tion" or "incorporated" or t	he abbreviation "Corp." or "Inc."
2 Enter new principal office address if applicables		·
B. Enter new principa l office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	:-,
		<u> </u>
	-	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		(G.
 If amending the registered agent and/or registered offinew registered agent and/or the new registered of fice a 		the name of the
•	uuress.	
Name of New Registered Agent:		
	(Florida s	treet address)
New Registered Office Address:	(1101/000	occidado casy
		, Florida
	(City)	, Florida (Zip Code)
ew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa		bligations of the position.
<u></u>	ignature of New Registered A	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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_	- 	
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		- <u>-</u>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

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

ARTICLE III
PURPOSE: The purpose of this not for profit corporation is to promote the Art and Science of Traditional Chinese
Veterinary Medicine around the world. The World Association of Traditional Chinese Veterinary Medicine, Inc. is
organized exclusively for these purposes under section 501(c)(3) of th Internal Revenue Code.
DISSOLUTION: Upon the dissolution of The World Association of Traditional Chinese Veterinary Medicine, Inc.,
assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal
Revenue Code, or corresponding section of any future tax code, or shall be distributed to the federal government, or
to a state or local government, for a public purpose.

			9/25/2015	
The	date of each ame	ndment(s) adoption:		, if other than the
	this document was			
		9/25/2015		
Fff	ective date <u>if appli</u>			
		(no more than 90 days after amendment file date)	
		ted in this block does ate on the Departmen	not meet the applicable statutory filing requirements, this date will not at of State's records.	be listed as the
Ado	ption of Amendm	ent(s)	(CHECK ONE)	
	The amendment(s was/were sufficien	•	by the members and the number of votes east for the amendment(s)	
	There are no mem adopted by the bo		itled to vote on the amendment(s). The amendment(s) was/were	
	Dated	1/25/2015		
	Signature	•		_
		have not been selec-	vice chairman of the board, president or other officer-if directors ted, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	
		HUISHENG XII	E	
		en ye r man yer digirla yer yer ka 	(Typed or printed name of person signing)	
		President	Hijshon Yee	
			(Title of person signing)	