## NI40000 11224

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

, ,

American M NAME OF CORPORATION:	iniature Therapy Horse Association, Inc.
N14000011224 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	·
Peggy Braden	
	(Name of Contact Person)
	(Firm/ Company)
4907 Dunbar Valley Road	
	(Address)
Fisherville, KY 40023	
	(City/ State and Zip Code)
peggy@peggybraden.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	r. please call:
Peggy Braden	502 741-0124
(Name of Contac	t Person) (Area Code) (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 Certificate of	Status Certified Copy (Additional copy is enclosed)  Status Certified Copy (Additional copy is Enclosed)  S52.50 Filing Fee Certified Copy (Additional Copy is Enclosed)
Mailing Address  Amendment Section	Street Address Amendment Section

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

American Miniature Therapy Horse Association, Inc		
(Name of Corporation as curre	ntly filed with the Florida Dept.	of State)
N14000011224		
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Co	orporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
NA		The new
name must be distinguishable and contain the word "corpord" ("Company" or "Co." may not be used in the name.	·	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	)	2019 SEP
	<u> </u>	SE
		TV. T
C. Enter new mailing address, if applicable:	4907 Dunbar Valley Road	Q
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		<u> </u>
	Fisherville, KY 40023	<u></u>
		57
	<del> ,</del>	<del></del>
D. If amending the registered agent and/or registered offi		name of the
new registered agent and/or the new registered office and N/A	audress:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street a	(ddress)
N/A		
<del></del>	(City)	, Florida (Zip Code)
	(Cuy)	(Бір Сойс)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa	l Agent: uniliar with and accept the obligation	tions of the position.
NIA	Signature of New Registered Agent	
` S	Signature of New Registered Agent	t, 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>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) xx Change	CEO	Peggy Braden	4907 Dunbar Valley Road
Add			Fisherville, KY 40023
Remove			
2) Change	ST	Kelly King	9850 E. Maguire Road
xxx Add			Noble, OK 73068
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:				
(attach additional sheets, if necessary).	(Be specific)			
( > 1 A				
NA				
1				
	7			
<del></del>				

	N/A	
		other than the
date	his document was signed.	
en ce	N/A	
Effe	tive date if applicable:  (no more than 90 days after amendment file date)	
	(no more than 40 days after amenament file date)	
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ment's effective date on the Department of State's records.	ed as the
Ado	otion of Amendment(s) ( <u>CHECK ONE</u> )	
	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.	
	August 29, 2019	
	Dated	
	General Broden	
	Signature (By the 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)	
	, -,, -,, -,	
	Peggy Braden	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	