N15000001768

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05/09/23

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	Bonds for Life, Corporation		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this t	natter to the following:		
Lebsica Gonzalez			
	(Name of Contact Pers	on)	
Human Animał Bonds for Life, Corp.			
	(Firm/ Company)		
3531 NE 170 Street, #305			
	(Address)		
North Miami Beach, Florida 33160			
	(City/ State and Zip Co	ode)	
lebsica@roccospack.com			
E-mail address: (to be	used for future annual repor	t notification	n)
For further information concerning this matter, ple	ease call;		
Lebsica Gonzalez	3 at	05	527-4803
(Name of Contact Per			(Daytime Telephone Number)
Enclosed is a check for the following amount mad	le payable to the Florida De	partment of	State:
☐ \$35 Filing Fee ☐\$43.75 Filing Fee Certificate of Stat		Certif Certif	O Filing Fee icate of Status ied Copy tional Copy is used)
Mailing Address Amendment Section		Street Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations	

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Human Animal Bonds for Life, Corp. (Name of Corporation as currently filed with the Florida Dept. of State) N15000001768 (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: NA 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. NΛ B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: NA (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address)

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. Lam familiar with and accept the obligations of the position,

(City)

NA

Signature of New Registered Agent, if changing

Florida _

(Zip Code)

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 Doe Mike Jone Sally Smit				
Type of Action (Check One)	<u>Title</u>	V	<u>Same</u>	Address .		
1) NA Change Add	NA		,, NA	NA		
Remove						
2) Change Add		-				
Remove 3) Change Add Remove						
4) Change Add						
Remove						
5) Change Add			,			
Remove						
6) Change Add						
Remove						
E. If amending or addin (attach additional shee	ng addition ets, if nece	onal Article: ssary). (B	s, enter change(s) here: Be specific)			
Said organization is organ	nized excl	usively for o	charitable, religious, educational, and s	cientific purposes, including, for such		
purposes, the making of d	listributio	ns to organi	zations that qualify as exempt organiza	tions described under Section 501(c)(3)		
of the Internal Revenue Code, or corresponding section of any future federal tax code. Upon dissolution of the organization.						
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 federal tax code, or shall be distributed to the federal government, or to a state

or local government, for a public purpose. The date of each amendment(s) adoption: May 2, 2023 _____, if other than the date this document was signed. May 2, 2023 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 east for the amendment(s) was/were sufficient for approval.

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)

Lebsica Gonzalez

(Typed or printed name of person signing)

Registered Agent

(Title of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.