

N15000007372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

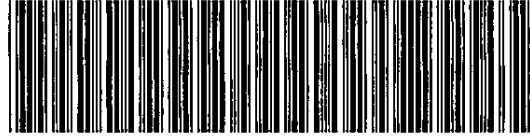
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2016 SEP --9 AM 8: 32

SEP 30 2016
C LEWIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2016

RUSSIAN WOMENS AND CHILDRENS CENTER IMMIGRANTKA CORP
ATTN: PUBLIC NOTARY / GALINA MISCHENKO
4615 SCOTT RD
LUTZ, FL 33558 US

SUBJECT: RUSSIAN WOMEN'S AND CHILDREN'S CENTER IMMIGRANTKA
CORP.
Ref. Number: N15000007372

We have received your document for RUSSIAN WOMEN'S AND CHILDREN'S
CENTER IMMIGRANTKA CORP. and your check(s) totaling \$52.50. However,
the enclosed document has not been filed and is being returned for the following
correction(s):

The document you submitted has been prepared pursuant to profit statutes
(chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit
corporation, this document should be filed pursuant to chapter 617, Florida
Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call
(850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 816A00019793

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Russian Women's and Children's
Center Immigrantka coop.
DOCUMENT NUMBER: N15000007372 filed July 27, 2015

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

Please return all correspondence concerning this matter to the following:

Public Notary GALINA Mischenko
(Name of Contact Person)
Russian Women's and Children's Center
(Firm/ Company) Immigrantka.coop
4615 Scott Road
(Address)
Lutz FL 33558
(City/ State and Zip Code)
galinaam@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GALINA Mischenko at 813 961-6265
(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 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 checked="" 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2016 SEP-9 AM 8:32

Russian Women's and Children's Center

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

N 150 0000 7372 July 27, 2015

(Document Number of Corporation (if known))

Immigrant K9 Corp.

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:

n/a

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:

n/a

(Principal office address MUST BE A STREET ADDRESS).

C. Enter new mailing address, if applicable:

n/a

(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:

n/a

(Florida street address)

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.

n/a

Signature of New Registered 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:

<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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>Nina I. MELNICHENKO</u>	<u>6820 Sombress Way, Land Lakes FL 34637 UN</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>MARINA BOCCIARELLI</u>	<u>7729 Hamlet Dr. New Port Richey FL 34653</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
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	_____	_____	_____

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

On September 01, 2016, during our meeting of corporation we agreed to let go of Nina Melnichenko. She has no desire to be in our corporation anymore due to personal reasons.

Instead, Marina Bocciaelli of 7729 Hamlet Drive New Port Richey FL 34653 is going to work with our charity.

Marina - Very decent and good member of our society.

We are happy to welcome her.

Thank you!

The date of each amendment(s) adoption: September 01, 2016, if other than the date this document was signed.

Effective date if applicable: September 01, 2016
(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.

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DIVISION OF CORPORATE AFFAIRS
SECRETARY OF STATE

Dated September 21, 2016

Signature Galina Mischenko President

(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)

GALINA Mischenko

(Typed or printed name of person signing)

President

(Title of person signing)