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COVER LETTER

	TO: Amendment Section Division of Corporations				
	NAME OF CORPORATION: DOXIE TAles Rescue, Inc.				
)	DOCUMENT NUMBER: EIN - 47-5199714 DLN -26053678003.795				
	The enclosed Articles of Amendment and fee are submitted for tiling. DOCH N100000 9569				
	Please return all correspondence concerning this matter to the following:				
	Ginger T. Snyder (Name of Contact Person)				
	DOXIE TAles Rescue Inc.				
	6121 NW 138th Terrace				
	GAINESVILLE, FL 32653 (City/State and Zip Code)				
	Gingersnyder Obellsouth net Jemail address: (to be used for future annual report notification)				
	For further information concerning this matter, please call:				
	Ginger Snyder at 404-429-2924 (Area Code) (Daytime Telephone Number)				
	Enclosed is a check for the following amount made payable to the Florida Department of State:				
	\$35 Filing Fee \$\sum_{\text{Certificate of Status}} \sum_{\text{Certificate of Status}} \sum_{Ce				
	Mailing Address Amendment Section 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 also of Incom

Articles of Incorporation of

(Name of Corporation as currently file	d with the Florida Dept. of State)
\ <u></u>	
12.5000009569 Document Number of C	orporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statutes, this imendment(s) to its Articles of Incorporation:	Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
N/A uame must be distinguishable and contain the word "corporation" o	The new
name must be distinguishable and contain the word "corporation" o "Company" or "Co," may not be used in the name.	r "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable:	√/A
(Mailing address MAY BE A POST OFFICE BOX)	7/7
 If amending the registered agent and/or registered office address new registered agent and/or the new registered office address 	
	<u>i</u>
Name of New Registered Agent: NA	
Name of New Registered Agent:	(Florida street address)
Name of New Registered Agent: 19 171 New Registered Office Address:	
·	
· · · · · · · · · · · · · · · · · · ·	(Florida street address) Florida (Zip Code): 1
New Registered Office Address: Main	Florida 22 SE
New Registered Office Address: Main Address Main Address Main Address	Florida 22 SE

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	V Mike	Doe 2 Jones 2 Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	<u>V</u>	Julia D. Be	chard 592 SW	Buchanan
Add Remove	* resign	ep/retired from		2024
2) Change Add	<u>V</u>	Mary H.T.	INISON 5925 M	ASSEE POST R GA 31620
Remove				
3.1 Change				
Add				
Remove				
4) Change				
Add				
Remove				<u> </u>
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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

	e date of each amendment(s) adoption: $Sep+21, 2018$ ethis document was signed.	if other than the
Effe	ective date if applicable: Sept 21, 2018 (no more than 90 days after amendment file date)	
<u>Not</u> doc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ument's effective date on the Department of State's records.	be listed as the
Ado	option of Amendment(s) (CHECK ONE)	
Þ	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	٠
	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 Sept. 21, 2018	
	Signature Linear Congaler	
	(By the chairman of 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)	
	Ginger Snyder (Typed or printed name of person signing)	
	President	
	(Title of person signing)	