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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: <u>Poochies Pet Rescue</u> Inc.				
DOCUMENT NUMBER:/\/ (000003644				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Eric Hartke Name of Contact Person				
Name of Contact Person				
Proochies Pet Rescue, Inc.				
· · ·				
PO BOX 1032 Address				
Address $I-IOIIISHVFL32147$ City/ State and Zip Code				
City/ State and Zip Code				
Prochies Pet Vescice @ 9mail. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Eric Hartke 111,352,318-4247				
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:				
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section  Street Address Amendment Section				

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## **Articles of Amendment**

to

## **Articles of Incorporation**

of

Poochies Pet Rescue In	C FILED
(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
N14000003644	note the 10 P 2 29
	r of Corporation (if known) and state of the
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<del></del>
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addr	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ent: ar with and accept the obligations of the position.
Signature of Nev	v 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: X Change	<u>PT</u>	<u>John Doe</u>		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	S	Brandon Ha	rtke 106 Clay Way Interlachen Fo	
Add			Interlechen Fo	
Remove			32148	
2) Change		<u> </u>		
Add				
Remove				
3 ) Change				
Add				
Remove			<del></del>	
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				· · ·
Remove				
NUHUVU				

(Attach a	ding or adding additional A additional sheets, if necessary)	. (Be specific)				
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If an an	endment provides for an exons for implementing the an	<u>change, reclassifi</u>	cation, or cance	<u>llation of issued</u>	shares,	
	not applicable, indicate $N/A$ )	içindilik ili ili <u>yi k</u>	ontained in the a	amentunene užė	<u></u>	
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			<del>-</del>	<del> </del>		

The date of each amendment(s) adoption: _ late this document was signed.	07.07.2019	, if other than the
Effective date if applicable:	more than 90 days after amendment file date)	
	ot meet the applicable statutory filing requirements, this	s date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
The amendment(s) was/were adopted by t was/were sufficient for approval.	the members and the number of votes cast for the amer	ndment(s)
There are no members or members entitle adopted by the board of directors.	ed to vote on the amendment(s). The amendment(s) wa	is/were
Dated	. 19	
Signature		
have not been selected	ce chairman of the board, president or other officer-if d. by an incorporator – if in the hands of a receiver, true fiduciary by that fiduciary)	
Eric H	(Typed or printed name of person signing)	
VP, T	O Agent (Fitle of person signing)	