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COVER LETTER

TO: Amendment Section Division of Corporations Zen Horse Rescue, Inc NAME OF CORPORATION: 00005716 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Laurie Berke (Name of Contact Person) (Firm/ Company) 10535 El Caballo Ct (Address) Delray Beach, FL 33446 (City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee & □\$43.75 Filing Fee & ■ \$35 Filing Fee □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

Zen Horse Rescue Corp

Zen Hotse Resear. Corp					
(Name of Corporation	as currently	filed with the Florid	la Dept. of State)		
(Docum	hent Number of	005716 of Corporation (if kno	own)		
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes, t	his <i>Florida Not For</i>	Profit Corporation a	dopts the	following
A. If amending name, enter the new name of the	e corporation:	<u> </u>			
					_The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		a" or "incorporated"	or the abbreviation	"Corp."	or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A				7-10	易
<u> </u>				NSE SE	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)				5: 32 5: 32
D. If amending the registered agent and/or reginew registered agent and/or the new register	red office add	ress:	nter the name of th	<u>e</u>	
Name of New Registered Agent:	Laurie Berke			_	
	10535 El Ca	ballo Ct			
New Registered Office Address:	:	(Flor	rida street address)		
	Delray Beach	h	. Florida	33446	
		(City)		Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent	nt. I am famil.		2 Berl	و	
	Jigni	diale of them negiste.	ен адень, у спапун	<i>'</i> 5	

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 <u>Doe</u> e <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Treasure	Debra Quinn	5784 Homeland Road
Add			Lake Worth, FL 33449
X Remove			
2) Change	Treasure	Laurie Berke	10535 El Caballo Ct
Add			Delray Beach, FL 33446
Remove			
3) Change			
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change			name and a single of the State
Add			
Remove			
O Charac			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) he (attach additional sheets, if necessary). (Be specific)	<u> </u>
(attach additional sheets, if hecessary). (Be specific)	•
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The date of each amendment(s) adoption:date this document was signed.	, if other than th
Effective date if applicable: 11-15-17 (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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendwas/were sufficient for approval.	iment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was adopted by the board of directors.	/were
Dated	
Signature Bull Bull Bull Bull Bull Bull Bull Bul	
Laurie Ross Berke	
(Typed or printed name of person signing)	
Treasurer Direct (Title of person signing)	TOR