N16000008010

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(кеді	uestor's Name)	
(Addı	ess)	_
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(City/	State/Zip/Phone #	(f)
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PICK-UP	WAIT	MAIL
. (Dusi	ness Entity Name	
(Busi	ness Entity Name	*)
(Doci	ument Number)	
Certified Copies	Certificates of	of Status
<u> </u>		
Special Instructions to Fi	lling Officer:	

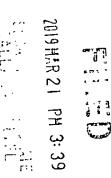




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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Community Cats COXII Floo of Boca Ration INC
DOCUMENT NUMBER: N1600008010
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lauren Quinn
(Name of Contact Person)
(Firm/ Company)
P.C. Box 1263 (Address)
Bock Rocko FC 33429 (City/ State and Zip Code)
in to C bo (A Ca + Ca lettion or g) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lauren Oyinn at 561-351-6862 (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:
\$35 Filing Fee
Mailing Address Amendment Section 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 Articles of Incorporation of Commonity Cats Coaution & Boar 28494, 53 pt 3:39 Name of Corporation as currently filed with the Florida Dept. of State) (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 o	N / A The new
•••	"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 applicab (Principal office address MUST BE A STREET AD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	O(X) N/X
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the I office address:
Name of New Registered Agent:	Lauren (Juinn (Jame)
	951 Yamalu Rd #280 (Florida street address) BOLA Ralon Florida 3343 (City) (Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the position.
	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 = Chairmon 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	PT John D V Mike John S SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	1	Michelle Grau	4550 NW 23rd Terr Boca Ration FL 33431
2) Change Add Remove	<u>S</u>	Jane Ann Springs	ton 21270 Hazelwood L Boch Raton, FL 33428
3) Change Add Remove			
4) Change Add Remove			
51 Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here:	(* Please NOTE the ONE WORD
(attach additional sheets, if necessary). (Be specific) ATHELE TIL PURPOSE	The ONE WORD CHANGE HISTHIBUTED
To implement the humane OF TNVR (Trap, Neutr, Vac Return) OF Community Ca	Practice cinate,
Maintain on a daily base current, cat population by	
as needed. Providing med	ical care
Coordnate public assistance	2 Jor Same
	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date wil document's effective date on the Department of State's records.	I 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 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.	
Dated 3/4/9 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)	
(Typed or printed name of person signing)	
President (Title of person signing)	