N160000 12140

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COVER LETTER

TO: Amendment Section Division of Corporations

Charlie's Friend NAME OF CORPORATION:	ds, Inc.			
N16000012140				
DOCUMENT NUMBER:				_
The enclosed Articles of Amendment and fee ar	e submitted for filing.			
Please return all correspondence concerning this	matter to the following	:		
Jo Ellen Guld				
	(Name of Contac	t Person)		_
Charlie's Friends, Inc.				
	(Firm/ Comp	any)		
6330 N. Andrews Ave. #265				
	(Address)		-
Fort Lauderdale, FL 33309				
	(City/ State and Z	ip Code)		
joellen@fusco-finl.com			/	
E-mail address: (to be	e used for future annual	report notificati	on)	_
For further information concerning this matter, p	olease call:			
Jo Ellen Guld		954	295-4079	
(Name of Contact P	'erson)	(Area Code)	(Daytime Telephone Number)	_
Enclosed is a check for the following amount ma	ade payable to the Flori	la Department o	f State:	
\$35 Filing Fee \$43.75 Filing F Certificate of St	ee & \$\Bigsiz\$\$ \$\\$43.75\$ Filing Best to Certified Copy (Additional copenciosed)	Cert by is Cert (Add	50 Filing Fee ificate of Status ified Copy litional Copy is losed)	
Mailing Address Amendment Section		Street Address Amendment Sec	rtion	
Division of Corporations		Division of Cor		

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

Charlie's Friends, Inc.

(<u>Name of Corporation as cu</u> N16000012140	rrently filed with the	Florida Dept. of State)	
	umber of Corporation	(if known)	-
Pursuant to the provisions of section 617.1006, Florida St amendment(s) to its Articles of Incorporation:	atutes, this <i>Florida No</i>	ot For Profit Corporation adopts the following	g
A. If amending name, enter the new name of the corpo	oration:		
N/A		The new	υ
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	ooration" or "incorpo		
B. Enter new principal office address, if applicable:	N/A	三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三	-
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>(SS</u>)		
			- ! []
C. Enter new mailing address, if applicable:	N/A		Ċ,
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	-
			-
			_
D. If amending the registered agent and/or registered	office address in Flo	rida enter the name of the	
new registered agent and/or the new registered off		roa, enter the hame of the	
Name of New Registered Agent: N/A			-
		(Florida street address)	-
New Registered Office Address:		,	
		, Florida	-
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registe			
I hereby accept the appointment as registered agent. I at	m familiar with and ac	cept the obligations of the position.	
	Signature of Nov. I	louistaned Agent if changing	-
	Signature of New K	egistered 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 X_Remove X_Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			
Add		,	
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
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)
Article III is amended to read as follows:
This corporation is eatablished to help fund and support 501C3 pet rescue groups and bring public awareness of the nee
of abandoned, abused and neglected animals in our communities.
This corporation is organized exclusively for charitable purposes, including such purposes the making of distributions
to organizations (pet rescue groups) that qualify under Section 501C3 of the Internal Revenue Code or any corresponding
section of any future federal tax code.
Furthermore, no proceeds of the corporation will enrich any individual, except that reasonable compensation may be pa
in exchange for services to the corporation. Additionally, if the corporation is dissolved, any assets remaining will be
distributed to another corporation that serves a similar purpose and qualifies as a tax exempt, charitable organization under
the provisions of 501C3 of the Internal Revenue Code.

The	date of each amend	ment(s) adoption:	, if other than the
date	this document was s	gned.	
Effe	ective date <u>if applica</u>	January 11, 2017 ble:	
		(no more than 90 days after amendment file date)	
		I in this block does not meet the applicable statutory filing requirements, this date will not on the Department of State's records.	ot be listed as the
Ado	ption of Amendmen	t(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficient	vas/were adopted by the members and the number of votes cast for the amendment(s) for approval.	
×	There are no member adopted by the boar	ers or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.	
	J Dated _	anuary 10, 2017	
	Signature _	Dellen M Guld	
	h	by the chairman or vice chairman of the board, president or other officer-if directors ave not been selected, by an incorporator – if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary)	
		Jo Ellen M. Guld	
		(Typed or printed name of person signing)	
		Secretary/Treasurer	
		(Title of person signing)	