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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: OZR Great Dane Rescue Inc
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stephanie Hettema
(Name of Contact Person)
(Firm/ Company)
173 SE Manly Aunue
Port St Lucie, FL 34983 (City/ State and Zip Code)
Steph S steph hete stephanie. Nettern Cozrgreat daix rescue. or E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephane Hetterna at (561) 757-066 (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:
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### **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** Articles of Incorporation of

FILED

	VI	
OZR	GREAT DANE RESCUE INC.	2019 APR -3 PM 3
(Name of Corporation as	currently filed with the Florida De	ept. of State)
	N17000000808	Just in Shell
(Document	Number of Corporation (if known)	
rsuant to the provisions of section 617,1006, Florida nendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profi	't Corporation adopts the following
If amending name, enter the new name of the co	rporation:	
		The new
ime must be distinguishable and contain the word "c <u>Company" or "Co." may not be used in the name</u> .	orporation" or "incorporated" or th	ie abbreviation "Corp." or "Inc."
impany or con may not be used in the nume.		
Enter new principal office address, if applicable		
Principal office address <u>MUST BE A STREET ADD</u>	<u>KESS</u> )	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
	·	
. If amending the registered agent and/or register		the name of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent:		<del> </del>
	(Florida str	reet address)
<u>New Registered Office Address:</u>		
		Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Regi		
nereby accept the appointment as registered agent.		ligations of the position.
	Signature of New Registered A	gent, 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	PT         John I           V         Mike           SV         Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change Add Remove	<u>S</u> _	Crystal Mradam	2442 Broward Rd Jacksonville, FL 32218
2) Change Add	<u>S</u>	Shawn Sloan	2471 SE Alden St Port St Lucie, FL 3498
Remove 3 ) Change Add			
4) Change Add			
Remove  5) Change  Add  Remove			
6) Change Add Remove	<del></del>		
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If amending or adding additional Ar (attach additional sheets, if necessary).	(Be specific)				
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				<del></del>	

The date of each amendment(s) adoption:	03/22/19	, if other than the
date this document was signed.		
Effective date if applicable:	03/22/19 no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, to of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted b was/were sufficient for approval.	by the members and the number of votes cast for the an	nendment(s)
There are no members or members enti- adopted by the board of directors.	itled to vote on the amendment(s). The amendment(s)	was/were
Dated 3/31	119	
Signature	mie flettema	if diseason:
have not been selec	vice chairman of the board, president or other officer- ted, by an incorporator – if in the hands of a receiver, ed fiduciary by that fiduciary)	trustee, or
Stg	Dhanse Hettema (Typed or printed name of person signing)	_ <del></del>
,	(Typed or printed name of person signing)	
PC	resident	
	(Title of person signing)	