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COVER LETTER

TO: Amendment Section Division of Corporations		
	Cond Con Con	
NAME OF CORPORATION:	Good Fur a C	ause, Inc. 3 3
DOCUMENT NUMBER.	N1200000	1909
DOCUMENT NUMBER:	1011000001	200
The enclosed Articles of Amendment an	d fee are submitted for filing.	्र
Please return all correspondence concern	ning this matter to the following:	
Brandi B	01101	
- Wundt	(Name of Contact Pers	son)
	(Firm/ Company)	
110101 Va	nchetteld	
_	(Address)	
GOV MU	WS, FL 339Le (City/ State and Zip Co	(0
	(City/ State and Zip Co	ode)
•	Down Moring.co	
E-mail addre	ss: (to be used for future annual repo	
For further information concerning this	matter, please call:	
A. a. 1 D.	_	220 000 000
Name of C	atatatatatatatatatatat	Area Code) (Daytime Telephone Number)
Enclosed is a check for the following an	nount made payable to the Florida De	epartment of State:
	Filing Fee & \$\sum \$\\$43.75\$ Filing Fee & ate of Status Certified Copy	☐\$52.50 Filing Fee Certificate of Status
Comme	(Additional copy is	Certified Copy
	enclosed)	(Additional Copy is Enclosed)
<u> Mailing Address</u>	Stre	et Address
Amendment Section		endment 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

Arr	to ticles of Incorporation	
Food Fu	ra Cause	JINC 3
(Name of Corporation as cu	rrently filed with the Flor	ida Dept. of State)
N 170	00001909	至
(Document N	lumber of Corporation (if ki	nown)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
		The new
name must he distinguishable and contain the word "cor _l "Company" or "Co." may not be used in the name.	poration" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Fi	orida street address)
		, Florida
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered 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 = 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>Doe</u> Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	PD	Brandi Bayer	Hold Ranchette FOR Myers FL
Remove			3391da
2)Change	<u>T</u>	Jennifer Welker	3601 Hansonst Foxt Mycrs, FL
Remove			33916
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)			
NA			
	·		
			

The date of each amendment(s) adop	ption:	117		, if other than the
late this document was signed.	4/1	112		
Effective date <u>if applicable</u> :	(no more than 90 day	s after amendment j	file date)	
Note: If the date inserted in this block document's effective date on the Depa		ble statutory filing	requirements, this date will no	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopwas/were sufficient for approval.	pted by the members and the	he number of votes	cast for the amendment(s)	
There are no members or member adopted by the board of directors		mendment(s). The	amendment(s) was/were	
Dated	1117			
Signature	Me N. Prau	ov_	10.11	
have not been	nation vice chairman of the selected, by an incorporat spointed fiduciary by that f	or - if in the hands		
B	randi N. Ba	inted name of perso	nn sìoning)	
	(Typed or pri	med hame of perso	«.թg,	
P	<u>vesident</u>			
	(7	Γitle of person signi	ing)	