

| (Re | questor's Name) | |
|---------------------------|--------------------|---------------------------------------|
| | | |
| (Add | dress) | |
| | | |
| (Add | dress) | |
| ` | · | |
| - (City | y/State/Zip/Phone | 2 H) |
| (Oil) | y/Otato/Zip/i none | , |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bu: | siness Entity Nan | ne) |
| · | · | |
| (Do | cument Number) | · · · · · · · · · · · · · · · · · · · |
| (2) | | |
| 0.15.10.1 | 0 45 | |
| Certified Copies | _ Certificates | of Status |
| , | • | |
| Special Instructions to I | Filing Officer: | |
| | | |
| • | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



000312320690

04/27/18--01016--011 **43.75

S TALLENT APR 3 0 2018

Guerg

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | Furever Yours, Pet Cr | ematory | | | | |
|--|---|---|-------------|--------------------|---|-------|
| | 000010094 | | | | | |
| | | | | | | |
| The enclosed Articles of Amenda | ment and fee are subm | itted for filing. | | | | |
| Please return all correspondence | concerning this matter | to the following | ;: | | | |
| Wendie L Prince | | | | | | |
| | (| Name of Contac | t Person) | | | |
| Furever Yours Pet Crematory, IN | IC | | | | | |
| | | (Firm/ Comp | pany) | | · | |
| 3118 Wessex St | | | | | | |
| | | (Address | .) | | | |
| Orlando, FL 32803 | | | | | | |
| | (1 | City/ State and 2 | Zip Code) | | , , <u>, , , , , , , , , , , , , , , , , </u> | |
| FYPC@yahoo.com | | | | | | V |
| E-mai | l address: (to be used f | or future annual | report noti | fication |) | |
| For further information concerning | ng this matter, please co | all: | | | | |
| Wendie L Prince | | | 407 at | | 595-4403 | |
| (Nar | ne of Contact Person) | | | Code) | (Daytime Telephone Nur | nber) |
| Enclosed is a check for the follow | ving amount made pay | able to the Flori | da Departm | ent of S | State: | |
| | \$43.75 Filing Fee & C Certificate of Status | 3\$43.75 Filing I Certified Copy (Additional copenclosed) | | Certifi Certifi | Filing Fee cate of Status ed Copy ional Copy sed) | |
| Mailing Addre | | | Street Add | | | |
| Amendment Section Division of Corporations | | 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

Furever Yours Pet Crematory, INC (Name of Corporation as currently filed with the Florida Dept. of State) N17000010094 (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 corporation: name must be distinguishable and contain the word "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 applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida (Citv) (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>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | |
|----------------------------------|------------------------------|---------------------------------|---------|
| Type of Action (Check One) | Title | Name | Address |
| 1) Change | | <u> </u> | |
| 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) |
|---|
| Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including for such |
| purposes, the making of distributions to organizations that qualify as exempt organizations described under Section 501(c)(3) |
| of the Internal Revenue Code, or corresponding section of any future federal tax code. |
| Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning |
| of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be |
| distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed |
| of shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the organization is |
| located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are |
| organized and operated exclusively for such purposes. |
| |
| |
| |
| |
| |
| |
| |
| · |
| |
| |

| | e date of each amendment(s) adoption: |
|-----|--|
| uan | e this document was signed. |
| Eff | ective date <u>if applicable</u> : |
| | (no more than 90 days after amendment file date) |
| | te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records. |
| Ade | option of Amendment(s) (<u>CHECK ONE</u>) |
| | 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. |
| | Aril 25, 2018 |
| | Signature Wendis LPrinco |
| | (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) |
| | Wendie L Prince |
| | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |