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COVER-LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HUMANS AND ANIMALS UNITED IN	NC	
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Rosa Company		
(Name of Contact F	Person)	
Humans And Animals United Inc		
(Firm/ Compan		<u> </u>
16149 Twin Ct		
(Address)		
Brooksville, FL 34614		
(City/ State and Zip	Code)	
haauinc@gmail.com		
E-mail address: (to be used for future annual re	port notification	n)
For further information concerning this matter, please call:		
Rosa Company	813 it	763-1199
(Name of Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida	Department of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee Certificate of Status Certified Copy (Additional copy enclosed)	Certifi is Certifi	O Filing Fee icate of Status ied Copy tional Copy is ised)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

нι	MANS	AND	ANIMAI	SIMITER	NIC.

(Name of Corporation as currently filed with th	e Florida Dept. of Stat	<u>te</u>)	
N17000010925			
(Docur	nent Number of Corpor	ation (if known)	
Pursuant to the provisions of section 617.1006, Flo	_	,	donts the following
amendment(s) to its Articles of Incorporation:		and the first of the same of t	dopis the tollowing
A If amending name entar the new name of the			
A. If amending name, enter the new name of th	e corporation:		
			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	d "corporation" or "inc n e .	corporated" or the abbreviation '	"Corp." or "Inc."
	_		
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	able:		
(1 metpur office duaress most BE A STREET A	IDDRESS)		~
			- 2
			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<i>BOX</i>)		
			
			<u></u>
D. If amending the registered agent and/or resi			
D. If amending the registered agent and/or reginew registered agent and/or the new register	red office address i	n Florida, enter the name of the	
-	Rosa Company		
Name of New Registered Agent:			
	16149 Twin Ct		
Nove transfer of Office 111		(Florida street address)	
New Kegistered Office Address			
	Brooksville	, Florida	34614
•	(City)	(Zip C	
New Registered Agent's Signature, if changing l	Registered Agent:		
I hereby accept the appointment as registered agei	ıt. I am familiar with a	nd accept the obligations of the p	osition.
-			
	1/2 (Nha	
-	Signature of N	Yew Registered Agent, if changing	<u></u>
		, , , , , , , , ,	

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 D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add	Pres	Anthony Fond	16149 Twin Ct Brooksville, FL 34614
x Remove 2) Change x Add	Pres	Rosa Company	16149 Twin Ct Brooksville, FL 34614
Remove 3) Change X Add Remove	Treas	Nelsy Suarez	16149 Twin Ct Brooksville, FL 34614
4) Change • Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or additional shed	ng additional Art ets, if necessary).	icles, enter change(s) bere: (Be specific)	
			

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			···	
	January 1	, 2024		
The date of each amendment date this document was signed.	(s) adoption:	· -·		, if other than the
	January 1, 2024			
Effective date if applicable:				
	(no niore thai	ı 90 days after amendn	ient file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the Department of State's	e applicable statutory f records.	iling requirements, this date	will not be listed as the
Adoption of Amendment(s)	(СНЕСК О			

 \Box The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.			
June 19, 2024 Dated			
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)			
Anthony Fond			
(Typed or printed name of person signing)			
Pres			
(Title of person signing)			