N18000000 783

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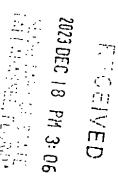


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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Thank you Seth	Neelev		
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			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
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			Dissolution / Withdrawa)
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			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
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			Officer Search
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December 19, 2023

CAPITAL CONNECTION INC

TALLAHASSEE, FL 32301

SUBJECT: UNITED FOR ANIMALS RESCUE, CORP

Ref. Number: N1800000783

We have received your document for UNITED FOR ANIMALS RESCUE, CORP and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey OPS

Letter Number: 823A00028863

2023 DEC 27 FH 4: 16

COVER LETTER

TO: Amendment Section Division of Corporations

UNITED FOR ANIMALS RENAME OF CORPORATION:	ESCUE, CORP
N18000000783	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for	filing.
Please return all correspondence concerning this matter to the fe	ollowing:
EMANUELLE OLIVEIRA	
(Name o	f Contact Person)
OPTIONO ONE ACCOUNTING INC	
(Firm	n/ Company)
3275 W HILLSBORO BLVD SUITE 205	
(Address)
DEERFIELD BCH, FL 33442	
(City/ Sta	ate and Zip Code)
EMANUELLE@OPTFIRM.COM	
E-mail address: (to be used for future	e annual report notification)
For further information concerning this matter, please call:	
EMANUELLE	561 299.7414 at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to t	the Florida Department of State:
	ed Copy Certificate of Status onal copy is Certified Copy

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

2023 DEC 27 AMID: 18

UNITED FOR ANIMALS RESCUE, CORP

N18000000783		The state of the s
(Document	Number of Corporation (if kno	own)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
FLORIDA LOW COST PET CLINIC INC		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated"	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDI</u>	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
D. If amending the registered agent and/or registere	ad office address in Florida.	enter the name of the
new registered agent and/or the new registered o		inter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Flor	ıda street address)
		, Florida
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered agent. I hereby accept the appointment as registered agent. I		ne obligations of the position.
	Signature of New Register	ed 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>V</u> <u>A</u>	ohn Doe Aike Jones ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee.		al Articles, enter change(s) here: ary). (Be specific)	

		
		
		
		
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	12/2 7 /2023	
The date of each amendment(s) ad date this document was signed.	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloddocument's effective date on the De	peck does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendmen al.	t(s)

Dated	12/27/2023
Signature	/s/ Viviane Noya
Č	(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)
	VIVIANE NOYA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were