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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Alley Cats and Desert Dogs Relief Project, In	, (
DOCUMENT NUMBER: <u>N 18 00000 4431</u>	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Leigh Lomax (Name of Contact Person)	
Alley Cats and Desert Dogs Relief Project In	'C
479 Winthrop Dr	
Spring Hill, Ft 34609 City/ State and Zip Code)	
Leigh Lomax & i Cloud. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Leigh Lomax at 813 720-0557 (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:	
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee & Certified Copy (Certified Copy (Additional Copy is Enclosed)	
Mailing Address Street Address	

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

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Alley Cate and Nece	of Das	Rolling Property Tro	
Hiley (ats and Dese (Name of Corporation as of	urrently filed with the I	Florida Dept. of State	
N 18000	00 4437		
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006. Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not</i>	For Profit Corporation adopts the following	
A. If amending name, enter the new name of the cor	poration:		
		The new	
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorpor	ated" or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	RESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	·}		
(
	·		
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		da, enter the name of the	
-	THE HOW CASE		
Name of New Registered Agent:			
		(Florida street address)	
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		ept the obligations of the position	
. , .,,		-1 wonderwork of the boundary	
	Signature of New Re	gistered 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	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u></u>	Ashlee Hall	416 Winthrop Dr Spring Hill, FL
Add			Spring Hill, FL
Remove			34609
2) Change	DV	Janell Rinebold-Nieuwendi	K 77 River Road
X Add			Hattiesburg, MS
Remove			<u> 39401</u>
3) 🔀 Change	DSV	Lorraine Sovereign-Smith	501 Cobblestone Dr #103
Add			Wilmington, NC
Remove			38405
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)				
/				
N/A				
<i>/</i> ·				
				
				

The date of each amendr date this document was sig		, if other than the
Effective date if applicat	ole:	
	(no more than 90 days after amendment file date)	
	in this block does not meet the applicable statutory filing requirements, this date will not on the Department of State's records.	be listed as the
Adoption of Amendment	(s) (<u>CHECK ONE</u>)	
The amendment(s) w was/were sufficient for	as/were adopted by the members and the number of votes cast for the amendment(s) or approval.	
☐ There are no member adopted by the board	s or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
Dated	10/12/19	
Signature	Leigh Lamaf	_
ha	The chairman or vice chairman of the board, president or other officer-if directors are not been selected, by an incorporator — if in the hands of a receiver, trustee, or the her court appointed fiduciary by that fiduciary)	
	Leigh Lomax (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	