

N18000005351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

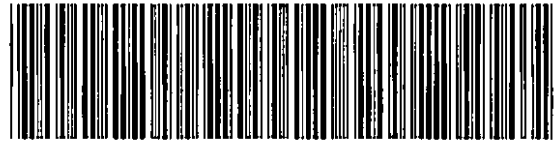
(Business Entity Name)

(Document Number)

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2018 SEP 12 PM 1:45

SEP 13 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 6, 2018

LISA BOGATIN  
7132 AYRSHIRE LANE  
BOCA RATON, FL 33496

SUBJECT: BELLA'S PROMISE PET RESCUE INC  
Ref. Number: N18000005351

We have received your document for BELLA'S PROMISE PET RESCUE INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair  
Regulatory Specialist II

Letter Number: 518A00018456

2018 SEP 12 PM 4:17  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

COVER LETTER

2010 SEP 12 PM 4:57

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Bella's Promise Pet Rescue

DOCUMENT NUMBER: N18000005351

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Bogatin  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/ Company)

7132 Anyshire Ln.  
(Address)

Boca Raton, FL 33496  
(City/ State and Zip Code)

lisadb923@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Bogatin at 845-641-5293 cell  
(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:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy<br>(Additional copy is enclosed)<br><i>(already submitted)</i> | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy<br>(Additional Copy is Enclosed) |
|--|---|--|---|

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

Street Address  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

Bella's Promise Pet Rescue

(Name of Corporation as currently filed with the Florida Dept. of State)

N18000005351

(Document Number of Corporation (if known))

2019 SEP 12 PM 4:57  
FILED  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE  
FLORIDA

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:**

The new 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)

7132 Ayrshire Ln

Boca Raton, FL

33496

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

7132 Ayrshire Ln

Boca Raton, FL

33496

**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 \_\_\_\_\_  
(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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Robert + Perez, Sr.</u>	<u>574 Dolphin Drive</u> <u>Delray Beach, FL</u> <u>33445</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Yessenia Perez</u>	<u>574 Dolphin Drive</u> <u>Delray Beach, FL</u> <u>33445</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Lisa Bogatin</u>	<u>7132 Ayrshire Ln</u> <u>Boca Raton, FL</u> <u>33496</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove (same)	<u>S</u>	<u>Wendy Johnson</u>	<u>273 NE 2nd Circle</u> <u>Boca Raton, FL</u> <u>33431</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>To be Determined</u>	
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

★

① Amended Addresses of:

Robert Perez, Sr. > Noted on  
Yessenia Perez previous page.

② Adding Additional Board member:

Lisa Bogatin > Noted on  
previous page.

The date of each amendment(s) adoption: 8/29/18 if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ 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.

Dated 9/11/18

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)

Roberto Perez  
(Typed or printed name of person signing)

President  
(Title of person signing)