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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Freedom Tailz Rescue Ranch, Inc.				
DOCUMENT NUMBER: N18000007703				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Adrienne Andino				
(Name of Contact Person)				
Freedom Tailz Rescue Ranch				
(i in a company)				
3501 Marsh Rd				
(Address)				
Deland FL 32724 (City/ State and Zip Code)				
Freedom Tail The scue @ outlook. com E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Adrience Andino (Name of Contact Person)  at H07-773-2797 (Area Code) (Daytime Telephone Number)				
(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:				
\$35 Filing Fee  \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee \\ Certificate of Status				
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

of

Freedom Tailz Be	scue Banch	Inc
(Name of Corporation as current	ly filed with the Florida Dept. of S	itate)
077000001N	3	
(Document Numbe	r of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit Corpo</i>	pration adopts the following
A. If amending name, enter the new name of the corporation	on:	
NIA		The new
name must be distinguishable and contain the word "corporati	on" or "incorporated" or the abbre	eviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.		
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	NIA	, , <b></b>
		<u> </u>
		<u>: :                                  </u>
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		***
	NIA	. :
	<del></del>	
D. If amending the registered agent and/or registered office	e address in Florida, enter the nar	ne of the
new registered agent and/or the new registered office ad		<del></del>
Name of New Registered Agent:		
Anne of from Negliner on Agent.	NIA	
	(Florida street addre	
New Registered Office Address:	(1 10/100 Street and t	534/
		T'1 ' 1
<del></del>	(City)	, Florida (Zip Code)
	, - y,	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fan		us of the position
і петеоў ассері іне арроннітені ах registerea ageni. Тат јап	mar win and accept the ooligation	ы ој те розтон.
Sin	gnature of New Registered Agent, if	
5.4	,	G - G

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: XChange X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove	`		
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			<u> </u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach additional sheets, if necessary). (Be specific)
Purpose: The organization is organized exclusively for charitable.
religious, educational and scientific purposes under Section 501(1)(3)
of the Internal Revenue Code, or corresponding section of any
future féderal tax code
Dissolution: Upon the dissolution of this 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.

E. If amending or adding additional Articles, enter change(s) here:

The date of each amendment(s) adoption: late this document was signed.		, if other than the
Effective date if applicable:		
	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does locument's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not it of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted h was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	
There are no members or members enti- adopted by the board of directors.	itled to vote on the amendment(s). The amendment(s) was/were	
Dated OTITI	in Bandino	
(By the chairman or	vice chairman of the board, president or other officer-if directors	_
	ted, by an incorporator – if in the hands of a receiver, trustee, or	
other court appointe	ed fiduciary by that fiduciary)	
Adrie	(Typed or printed name of person signing)	
Presid	(Title of person signing)	
	(Title of person signing)	