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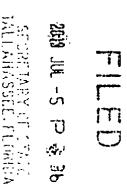
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	ESCUE NOT RE	TAIL DUNEDIN IN	C.	
	00000249			
The enclosed Articles of Amendment				
Please return all correspondence conc	erning this matter	to the following:		
Susan Folsom				
		(Name of Contact Pe	erson)	
Folsom Accounting Services Inc	:.			
		(Firm/ Company	·)	
1605 Main St				
	_	(Address)		
Dunedin, FL 34698				
	(City/ State and Zip (Code)	
fas@tampabay.rr.com				
E-mail add	lress: (to be used	for future annual rep	ort notification	n)
For further information concerning th	is matter, please c	eall:		
Susan Folsom		at	727	738-8906
(Name of	Contact Person)	 	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following	amount made pay	able to the Florida Γ	Department of 1	State:
	75 Filing Fee & [ficate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status icd Copy tional Copy is esed)
Mailing Address Amendment Section Division of Corpora P.O. Box 6327		Am Div	eet Address nendment Sectivision of Corportion Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

RESCUE NOT RETAIL DUNEDIN INC.

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(Name of Corporation as current	ly filed with the Florida Dept. of State)
N19000000249	2019 JUL -5 🏳 🕹 36
	er of Corporation (if known) SCHARIAGY OF GTAIL IALLAHAGGEE, FLEMINA s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
N/A	
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	The new ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered offic	
new registered agent and/or the new registered office at N/A	idress:
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered .	
I hereby accept the appointment as registered agent. I am fan	ailiar with and accept the obligations of the position.
Si	gnature 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, an 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 Doc 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 Doc, 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>M</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Jon-Karl R Klietsch	PO Box 1502
Add			Dunedin, FL 34698
X Remove			
2) Change	<u>D</u>	Loraine Anderson	PO Box 1502
Add			Dunedin, FL 34698
X Remove			
3) Change	D	Sharon Mitchell	PO Box 1502
X Add			Dunedin FL 34697
Remove			
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)
FUNDRAISING AND/OR FUND DISTRIBUTION TO PROMOTE THE HEALTH AND SAFETY OF DOGS
THROUGH AWARENESS AND WORKING WITH LOCAL DOG RESCUES.
ON LIQUIDATION OR DISSOLUTION, ALL REMAINING PROPERTIES AND ASSETS OF THE CORPORATION
SHALL BE DISTRIBUTED AND PAID OVER TO AN ORGANIZATION DEDICATED TO NON-PROFIT PURPOSES
WHICH HAS ESTABLISHED ITS TAX-EXEMPT STATUS PURSUANT TO SECTION 501(C) OF THE CODE.

	date of each amendment(s) adop this document was signed.	ion:	, if other than th
	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this block ument's effective date on the Depart	does not meet the applicable statutory filing requirements, the ment of State's records.	nis date will not be listed as the
A do	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were adop- was/were sufficient for approval.	ed by the members and the number of votes cast for the amo	endment(s)
	There are no members or members adopted by the hoard of directors.	entitled to vote on the amendment(s). The amendment(s) v	ras/were
	Dated July 1, 2019		
	Signature // As the chairma	or vice chairman of the board, president or other officer-if	directors
	have not been s	elected, by an incorporator – if in the hands of a receiver, trointed fiduciary by that fiduciary)	
	JANET L.	BAUSTERT	
		(Typed or printed name of person signing)	
	VICE PRES	IDENT, SECRETARY, DIRECTOR	
		(Title of person signing)	