## N19000006348

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: <u>WHISKERS</u>	S RESCUE OF FLORIDA INC.
DOCUMENT NUMBER: <u>N/900006</u>	348
The enclosed Articles of Amendment and fee are su	ibmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
CHER	J. (Name of Contact Person)
6	/(Name of Contact Person)
WHISKERS RE	FSCUE OF Florio A Inc. (Firm/ Company)
	(Firm/ Company)
4401 RI	VERVIEW BOUD.
	(Address)
BRANFA	1700, Flor IDA 34209 (City State and Zin Code)
	(City/ State and Zip Code)
uhisker	25 1c. 5 cueff panail, come ed for future annual report notification)
E-mail address: (to be use	ed for future annual report northication)
For further information concerning this matter, pleas	se call:
CHERULA, HAI)	BUCU = 941 962-1695
Name of Contact Perso	bury at 941 962-6695 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)    Continue Copy is conclused   Copy is the conclusion of Status
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

_ WHISKERS RESCU	EOF FLORIDA TIME.
(Name of Corporation as currently filed with the Florida I	Pept. of State)
1/90	10.201.348
(Document Number	20206348 er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:
	V/A The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	IThe new ion" or "incorporated" or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	HADENTON, FLORIDA
C. Enter new mailing address, if applicable:	34209
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	<i>N/4</i>
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac	e address in Florida, enter the name of the ddress:
Name of New Registered Agent:	1440/ RIVERVIGED BIVD.
New Registered Office Address:	(Florida street address)
BRA	12.461) Florida 34209 (Zip Code)
New Registered Agent's Signature, if changing Registered is the language of the appointment as registered agent. I am fan	
	Choula Alas leary
Sig	nature of New Registered Agent, if chaffing

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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	_V_	JONETTE R. KOWALIK	2805 Gith Street West BRANENTON, FLORINA 34209
X Remove			
2) Change Add			
Remove Change Add Remove	<del></del>		
4) Change Add			
Remove			
5) Change Add		<del></del>	
Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional she		rticles, enter change(s) here: (Be specific)	
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	T. 1. 22	2 4 - 2 2	
The date of each amendment(s) adoption:	July 03, 2	010	, if other than the
date this document was signed.	U		
Constitute data to a collect t	Tuly 23, 2 Tuly 23, 2020 ethan D days after amendm		
Effective date if applicable:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	61 . 1	<del></del>
(no more	e inan ٧) aays after amendm	ет зне ааге)	
Note: If the date inserted in this block does not me	est the applicable statutes. G	lina rozujromante this date	will not be listed as the
document's effective date on the Department of Sta	et the applicable statutory II	nng requirements, tills tract	. will not be listed as the
abeament's effective date on the Department of Sta	ne a records.		

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

(By the ch have not	mbers entitled to vote on the amendment(s). The amendment(s) was/wetors.
(By the ch have not	23, 2020
have not	Kend a. Hanling
	airman or vice chairman of the board president or other officer-if direct been selected, by an incorporator – if in the hands of a receiver, trustee, t appointed fiduciary by that fiduciary)
	CHERYLA, HANBUSY (Typed or printed name of person signing)