N1900008031

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
(Bu	usiness Entity Nam	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations			
P.E.T.S	. of Marion County		
N19000008 DOCUMENT NUMBER:			
The enclosed Articles of Amendment an	d fee are submitted for filin	<u>y</u> .	
Please return all correspondence concern	ing this matter to the follow	ving:	
Heidi Boynton			
	(Name of Cor	itact Person)	
P.E.T.S. of Marion County			
<u> </u>	(Firm/ Co	ompany)	
5701 SE 66th Street			
- 1 . #	(Addı	ress)	
Ocala, FL 34480			
	(City/ State ar	nd Zip Code)	
heidiboynton8@gmail.com			
E-mail addres	ss: (to be used for future and	nual report notification	n)
For further information concerning this r	natter, please call:		
Heidi Boynton		253	347-3573
(Name of Co	ontact Person)	at (Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following an	iount made payable to the F	lorida Department of	State:
-	iling Fee & □\$43.75 Filin te of Status Certified Co (Additional enclosed)	opy Certif copy is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
<u>Mailing Address</u> Amendment Section Division of Corporatic P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Sect Division of Corp The Centre of T 2415 N. Monro Tallahassee, FL 3	orations Tallahassee e Street, Suite 810

Articles of Amendment to Articles of Incorporation of

P.E.T.S. of Marion County

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(Name of Corporation as currently filed with the Florida Dept. of State) N19000008031

(Document Number of Corporation (if known)

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:

N/A		The new	
name must be distinguishable and contain the word "corpore "Company" or "Co." may not be used in the name.	ation" or "incorj	porated" or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	N/A		
(Principal Office address <u>MOST BE A STREET ADDRES</u> S	2)		
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A	·	ي ي الديناني ا
			یہ ہو۔ باری اور اور
D. If amending the registered agent and/or registered of	lico oddroce in V	-	
new registered agent and/or the new registered office		iorida, enter the name of the	
Name of New Registered Agent: N/A			
		(Florida street uddress)	
<u>New Registered Office Address:</u>		(Provide Sirver inderess)	
		Florida	
	(Citv)	(Zip Code)	
New Registered Agent's Signature, if changing Registere	d 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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>PT</u> <u>John I</u> <u>V</u> <u>Mike</u> SV <u>Sally</u> S	Jones	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change Add	<u> </u>	Michael Chad Wicker	6501 SE 139th Street Summerfield, FL 34491
<u> </u>			
2) Change Add	<u>T</u>	Sara Lambert	3109 E Fort King Street Ocala, FL 34470
3) Remove 3) Change Add Remove		<u> </u>	
4) Change Add			
Remove			
5) Change Add			
Remove			<u> </u>
6) Change Add			
Remove			
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E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

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The date of each amendment date this document was signed.	s) adoption:	, if other than t	!he
Effective date <u>if applicable</u> :	05/10/2023		
	(no more than 90 days afte	r 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.

08/24/2023 Dated 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)

Heidi Boynton

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President