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TO: Amendment Section
Division of Corporations

NAME OF CORPORATIO	Love4Paws, Inc.			
	N20000003645			
DOCUMENT NUMBER: _				
The enclosed Articles of Amo	endment and fee are sub	mitted for filing.		
Please return all corresponde	nce concerning this matte	er to the following:		
Melanie Lehmann				
		(Name of Contact Pe	erson)	
Love4Paws, Inc.				
		(Firm/ Company	·)	
7330 Richardson Road				
		(Address)		
Sarasota, Fl. 34240				
		(City/ State and Zip	Code)	
melanie@love4pawsfl.org				
E-	mail address: (to be used	for future annual rep	ort notification	n)
For further information conce	erning this matter, please	call:		
Melanie Lehmann		at	941	809-8500
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pa	ayable to the Florida	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	O Filing Fee icate of Status ied Copy is issed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

101 105 12 PH 10:28 Love4Paws, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N20000003645 (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: 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. 7330 Richardson Road B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Sarasota, FL 34240 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: \underline{X} Change \underline{X} Remove \underline{X} Add	<u>V</u> <u>M</u> i	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change XX Add	<u>D</u>	Jozel O'Donnell	1210 Harvard Avenue Bradenton, FL 34207
Remove			
2) Change Add	· 		
Remove Change Add Remove			
4) Change Add			
Remove			
Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sho		l Articles, enter change(s) here: ery). (Be specific)	

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The date of each amendment	t(s) adontion	October 5, 2021					, if other than the
date this document was signed							J
	October 5, 202	71					
Effective date if applicable:							· ·
	(n c	o more than 90 da	ys after amend	iment file da	te)		
Note: If the date inserted in th	nis block does n	not meet the appli	cable statutory	filine requi	rements, this d	late will not h	e listed as the
document's effective date on t	he Department	of State's records	i.				
Adoption of Amendment(s)	(<u>(</u>	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.

October 6, 2021 Dated
Signature Melane E. Lehman
(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)
Melanie E. Lehmann
(Typed or printed name of person signing)

(Title of person signing)