

NZC 000005590

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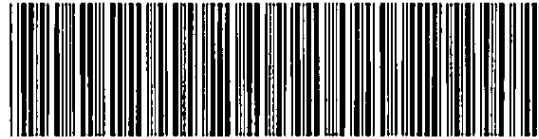
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Melina's Wildlife Rescue, Inc.

DOCUMENT NUMBER: N20000008590

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Silvia M. Valles

(Name of Contact Person)

Melina's Wildlife Rescue, Inc.

(Firm/ Company)

PO Box 440738

(Address)

Miami, FL 33144

(City/ State and Zip Code)

melina.wildlife.rescue@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Silvia M. Valles 786 752-2122
(Name of Contact Person) at (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
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Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
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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
to
Articles of Incorporation
of

Melina's Wildlife Rescue, Inc.

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

N20000008590

(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 "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

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 office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

New Registered Office Address:

(Florida street address)

(City)

Florida

(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

(Attach additional sheets, if necessary)

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.

Example:

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
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E. If amending or adding additional Articles, enter change(s) here:

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

Article III

a. Molina's Wildlife Rescue, Inc. is organized exclusively for a charitable purpose under Section 501(c)3 of the Internal Revenue Service code to

provide rescue, rehabilitation and release of our native wildlife.

b. No part of the net earning of the organization shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private

person except to pay our participant veterinarian for medical care or surgeries of rescued wildlife or to buy caging and equipment necessary for

keeping the animals while under rehabilitation. This organization will not participate in any political campaign nor will influence legislation. This organization will not engage in other activities other than the ones mentioned above to rescue, rehabilitate and release our native wildlife.

c. Upon dissolution of the organization, assets will be distributed for one of more exempt purposes within the meaning of the section 501(c)3 of the Internal Revenue Service code, or corresponding sections of any further federal taxes code, or will be distributed to the Federal government or to the state and local government. Any other assets will be used to pay any remaining balance to veterinarians for services provided to the rescue wildlife animals.

The date of each amendment(s) adoption: August 1st, 2020, if other than the date this document was signed.

Effective date if applicable: August 1st, 2020
(no more than 90 days after 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.

Dated August 1st, 2020

Signature *Silvia M. Valles*
(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)

Silvia M. Valles
(Typed or printed name of person signing)

President/Founder
(Title of person signing)