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(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: THOW FWAY RESCUE INC.	
·	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Errand Frazier (Name of Contact Person)	
Throw Away Rescue Inc. (Firm/Company)	
8291 NW 141 St Street	
Trenton F1 32693 (City/ State and Zip Code)	
(City/ State and Zip Code)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call;	
Errand Frazier at 352 - 258-0339 (Name of Contact Person) (Area Code) (Daytime Telephone Number	
(Name of Contact Person) (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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

(Name of Corporation as cyrrently filed with the Florida I	Dept. of State)	
N)200	0001(,0()	ſ
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporatio	m adopts the followin
A. If amending name, enter the new name of the corporati	ion:	
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviati	The new on "Corp." or "Inc."
B. Enter new principal office address, if applicable:	8291 NW 1415+	Street
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Trenton F1 326	<u>,73</u>
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office as		<u>the</u>
Name of New Registered Agent:		् इ
New Registered Office Address:	(Florida street address)	
	Flor	rida ip Code)
	(City) (Z	ip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	Agent: niliar with and accept the obligations of th	he position.
	mature of New Registered Agent, if chang	ging

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	PT John F V Mike S SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	<u>16</u>	Jeverny Mayeux	6695 ne Hwy 349 0101 Town Fl 32680
Remove 2) Change Add	<u>S</u>	Anna Mayeux	6695 Ne Hwy 349
Remove Change Add Remove	TR	Daniel Howard	32680 686 Ne 249 Ave Old Town Fl 32680
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add		-	
Remove			
E. If amending or additional she		ticles, enter change(s) here: (Be specific)	
			
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The date of each amendment(s) adoption: 6 / 21 / 21 date this document was signed.	if other than the
1-12111	
Effective date if applicable: 6/21/21 (no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requireme document's effective date on the Department of State's records.	ins, ans date will not be fisted as the

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)

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 6/21/2/		
Signature EH. And The Second (By the chairman or vice chairman of the board, president or other officer-if directors		
(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)		
XEwand Frazier (Typed or printed name of person signing)		
(Typed of printed faithe of person signing)		
President		
(Title of person signing)		

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