# N21000001176

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SNiP-it and Wellne				
N21000001176				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are sul	bmitted for filing.			
Please return all correspondence concerning this ma-	tter to the following:			
Daniela Sheila Westerveld				
	(Name of Contact Person	n)		
SNiP-it and Wellness Too, Inc.				
	(Firm/ Company)	-		
3096 Michigan Ave				
	(Address)			
Kissimmee, FL 34744				
	(City/ State and Zip Cod	e)		
sheila.westerveld@letssnipit.org				
E-mail address: (to be use	ed for future annual report	notification	1)	
For further information concerning this matter, pleas	se call:			
Daniela Sheila Westerveld	20	3	253-1934 (Daytime Telephone Number)	
(Name of Contact Perso	on) (A:	rea Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of	State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	O Filing Fecticate of Status ied Copy tional Copy is ssed)	
Mailing Address Amendment Section		Address Iment Sect	ion	

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

#### Articles of Amendment to Articles of Incorporation of

SNiP-it and Wellness Too, Inc.

(Name of Corporation as currently filed with the Flor	rida Dept	. of State)	<del>_</del>		
N21000001176					
(Document N	Number of	f Corporati	on (if know	n)	
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	Statutes, th	nis <i>Florida</i>	Not For P	rofit Corporation adopts th	e following
A. If amending name, enter the new name of the corp	poration:				
N/A					The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	rporation	" or "inco	rporated" o	r the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable:	N/.	Α			
(Principal office address MUST BE A STREET ADDR.	RESS ) N/	Α		•	
		· <b>-</b> ··			<del>.</del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	30	96 Michig	an Ave		_
		simmee, F	L 34744		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off			Florida, ent	ter the name of the	F20
Name of New Registered Agent: N/A					
N/A					
			(Floride	a street address)	•
New Registered Office Address:					\$ <b>1</b> ,2
		Citv)		, Florida (Zip Code)	~ ~
		• •		(124)	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	tered Age am familio	ent: ar with and	Laccept the	obligations of the position.	
	Signal	ture of Nev	v Registered	l Agent, if changing	<del></del>

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 V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add		N/A	
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
		onal Articles, enter change(s) here: essary). (Be specific)	
Please see enclosed documents	ment		
		<del></del>	

	<del></del>
	<del></del>
The date of each amendment(s) adoption: Feb. 9, 2021 date this document was signed.	, if other than the
Effective date if applicable:	
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file da	te)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requiredocument's effective date on the Department of State's records.	rements, this date will not be listed as the

(CHECK ONE)



Adoption of Amendment(s)

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 3/25/2021
Signature OUL LO
(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)
DANIELA SIKILA NESTEKVEND
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

#### AMENDED AND RESTATED ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

OF.

# SNIP-IT AND WELLNESS TOO, INC. (a Florida nonprofit corporation)

The undersigned nonprofit corporation hereby adopts these Amended and Restated Articles of Incorporation (the "Articles") to amend and restate those certain Articles of Incorporation of SNIP-IT AND WELLNESS TOO, INC, duly filed with the Florida Division of Corporations on February 1, 2021 (the "Original Articles"). These amended Articles shall supersede and replace the Original Articles in their entirety. These Articles were approved and adopted by a majority of the Board on February 9, 2021. The text of the amended Articles is set forth as follows:

#### ARTICLE 1 NAME

The name of the nonprofit corporation is SNIP-IT AND WELLNESS TOO. INC. (the "Corporation").

### ARTICLE 2 ADDRESS OF PRINCIPAL OFFICE

The street address of the principal office of the Corporation is: Harmony High School, 3601 Arthur J. Gallagher Blvd., St. Cloud, FL 34771

## ARTICLE 3 PURPOSE

The Corporation is organized as a nonprofit corporation exclusively for charitable, educational, and/or scientific purposes under section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding future provisions.

The purpose of which is to provide various charitable, educational, and/or scientific animal welfare services to the community and solely in such a manner that the Corporation will qualify as an exempt organization under section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding future provision.

### ARTICLE 4 INITIAL BOARD OF DIRECTORS

The affairs of the Corporation shall be managed by a Board of Directors which shall consist of not less than three (3) nor more than nine (9) members ("Directors") as provided in the Corporation's Bylaws. The names and addresses of the persons who are to act in the capacity of Directors until the selection of their successors are:

<u>Name</u>	<u>Title</u>	Address
Daniela Sheila Westerveld	President	3412 Santa Monica Dr. Orlando, Florida 32822

Name <u>Title</u> <u>Address</u>

Erin Zebell Treasurer 1021 Crystal Lake Road

Lutz, FL 33548

Margaret Bryan Secretary 1815 Big Oak Lane

Kissimmee FL 34746

The method, selection and term of Directors shall be as provided in the Bylaws.

# ARTICLE 5 DISTRIBUTIONS

No dividend shall be paid to, and no part of the net income, if any, of the Corporation shall be distributed to any of the Board of Directors officers or members of the Corporation, except as reasonable compensation for services performed in carrying out the Corporation's purpose or as otherwise provided in the Bylaws.

#### ARTICLE 6 DURATION

The Corporation shall have perpetual existence commencing on the date the Corporation is first incorporated in the State of Florida.

## ARTICLE 7 REGISTERED OFFICE AND AGENT

The name of the registered agent of the Corporation is Protectors of Companion Animals. Inc., and the registered agent's street address for service of process is 3096 Michigan Avc. Kissimmee, FL 34744. Daniela Sheila Westerveld is the name acting on behalf of the registered agent.

# ARTICLE 8 MAILING ADDRESS

The mailing address of the principal office of the Corporation is 3096 Michigan Ave. Kissimmee, FL 34744

#### ARTICLE 9 INCORPORATOR

The name and street address of the incorporator of the Corporation is:

Daniela Sheila Westerveld 3412 Santa Monica Drive Orlando, Florida 32822

#### ARTICLE 10 BYLAWS

The Bylaws of the Corporation shall be as adopted by the Board of Directors.

#### ARTICLE 11 LIMITATIONS ON LIABILITY

The Corporation members, officers and Board of Directors shall not be personally liable for the debts and obligations of the Corporation.

No officer or Director of the Corporation shall be personally liable to the Corporation except for any acts or omissions which involve willful misconduct or an intentional infliction of harm on the Corporation:

#### ARTICLE 12 AMENDMENTS

Except as otherwise provided by Florida law, the Corporation may amend these Articles only upon the affirmative vote or written consent of a majority of the Directors.

#### ARTICLE 13 DISSOLUTION

Upon dissolution, and after satisfaction of all debts or obligations of the Corporation, the Corporation shall make distribution of income or assets of the Corporation to an organization recognized as a 501(c)(3) of the Internal Revenue Code of 1986, or corresponding section of any future federal tax code, whose purpose includes providing services to benefit animals and animal welfare.

#### EFFECTIVE DATE

The undersigned hereby executes these amended Articles the 9<sup>th</sup> day of February, 2021. I submit this document and affirm that the facts stated herein are true and certify that these Articles were adopted by the Board of Directors. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.

Daniela Sheila Westerveld, Incorporator

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#### ACKNOWLEDGMENT

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity

DATED this 9th day of February 2021.

Daniela Sheila Westerveld, Registered Agent